The Health of Middlesex

1958

The Annual Report of the County Medical Officer of Health

ADMINISTRATIVE COUNTY OF MIDDLESEX

WELCOME NEEDLE!

Famous Middlesex athletes Judy Grinham, Terry Downes and David Segal were among the first to take advantage of the extension of anti-poliomyelitis vaccination to the 16–25 years age group.

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ADMINISTRATIVE COUNTY OF MIDDLESEX

PREFACE

To the Chairman, Aldermen and Members of the County Council of Middlesex

SIR, LADIES AND GENTLEMEN,

Once again I am pleased to be able to report that the health of the County has remained at a satisfactorily high level during the course of the year. The overall incidence of illness as measured by the number of first applications for sick benefit sent to the National Insurance offices amounted to 151 per 1,000 of the population compared with an average over the past six years of 155 and a national rate for 1958 of 155 per 1,000.

There was a slight increase in the crude death rate which stood at 10·3 per 1,000 population. When adjusted by the application of a factor for the age and sex structure of the County so as to render it comparable with that for the country as a whole, the rate was increased to 11·1, but was still favourable in comparison with the national rate which was 11·7 per 1,000.

The trend towards a rising proportion of the total deaths among the elderly and those in late middle age, continued, 60·4 per cent. of the men and no less than 75 per cent. of the women who died, having attained an age of 65 or over. Coronary heart disease was once again by far the greatest single cause of mortality and accounted for the deaths of 3,992 persons (of whom 971 were males in the 45–64 age group), representing a rise of no less than 9 per cent. over the figure for 1957.

There was a very slight fall (35) in the total number of deaths from cancer which amounted to 4,698 in all. Once again cancer of the lung, still preponderately affecting males, was the principal cause of death from this disease and accounted for 5·1 per cent. of deaths from all causes. This is practically the same figure as for 1957 (5·2 per cent.) which is the highest on record. The association of heavy cigarette smoking with cancer of the lung is now generally recognised and efforts to dissuade young people from adopting the habit are being intensified in every possible way. The section on health education in the body of the report gives some account of the promising avenues of approach which have been opened up by the discussions which the health education officer has been able to arrange with children from 9 years of age upwards in attendance at schools of all types in selected areas of the County.

A rather marked rise in the infantile mortality rate during the past year is somewhat disturbing. The rate of 18·9 per 1,000 live births though still low compared with the average of past years and with that for 1958 for the country as a whole (22·5) represents an increase of 1·2 per 1,000 over the Middlesex figure for 1957. The infantile mortality rate is by no means uniform throughout the County and certain pockets of population show over a number of years a fairly persistent tendency to a relatively high infantile mortality. There are no obvious causes to account for this and it is proposed to carry out special investigations in these areas in an attempt to discover whether there may be any common factors which are not operative elsewhere.

Despite an increased number of births the number of maternal deaths remained the same (13) as in 1957 thus producing a further fall in the maternal mortality rate to 0·39 per 1,000 related births, a new low record, and still comparing favourably with the national rate of 0·43.

In connection with the continuing tendency to a rising birth rate, which for 1958 at 14·5 per 1,000 population, showed an advance of 0·5 on the figure

for 1957, mention should be made of the difficulties which this is giving rise to in the domiciliary midwifery service. During the period of falling birth-rate the number of midwives employed by the County Council had been allowed to decrease *pari passu* by non-replacement of the normal wastage. A staff which until the upward trend in the birth-rate, was more than adequate, is now being compelled to work under increasingly severe pressure owing to the extreme difficulty which is being experienced in the recruitment of new staff, the national demand for midwives in both domiciliary and hospital services, having apparently greatly outstripped the available supply.

If the degenerative diseases still present problems as yet largely unsolved, it is gratifying to be able to record continued progress in the attack upon infectious diseases. The 818 notifications of whooping cough received during 1958 were far lower than in any year since compulsory notification began in 1940. With the exception of that year when notifications were almost certainly incomplete, the previous lowest figure was 2,367 in 1955. Moreover the cases which occurred appear to have been generally of a relatively mild nature as no deaths attributed to whooping cough were reported. The possible effect of the campaign for immunisation against the disease in this connection is discussed in the body of this report.

One noteworthy feature of the year was the fact that for the first time not a single case of diphtheria occurred in the County. Although the disease had almost disappeared, there had been two notifications in each of the preceding three years. This satisfactory state of affairs will not continue if the level of immunisation continues to fall, and it is disturbing to note that the number of children immunised in 1958 was the lowest of any year since 1950. A number of different factors have combined in leading up to this regrettable position, but it is hoped that an intensification of the immunisation campaign in 1959 will be possible and will help to improve it.

The position with regard to poliomyelitis was satisfactory insofar as the number of cases reported—37, of which three were fatal—was the lowest recorded since 1944. Although poliomyelitis vaccination, among younger children at any rate, has been steadily gathering momentum, it would be unwise to assume that this has as yet had any appreciable effect on the overall incidence of the disease. In spite of much publicity through all available channels, the response to the extension of vaccination to the 16–25 years age group in September, 1958, was, after a fairly good initial response, disappointing.

Pulmonary tuberculosis showed further reductions in numbers both of primary notifications and deaths, giving rates of 0·57 and 0·07 per 1,000 population respectively, both new low records.

Attention must be drawn to the serious position of the priority dental service, recorded in the report of the Chief Dental Officer on pages 28 to 31. During the year there has been a net loss of eight in the total staff of assistant dental officers with little prospect of their early replacement.

An important development in the County Council's health services was the establishment at Teddington of a special clinic for the elderly. The purpose of this clinic is to provide, initially on an experimental basis, facilities for elderly people to obtain medical checks on their health and advice on diet, clothing, personal budgetting and kindred matters. The first session of the

clinic was held in June, 1958, and a full report on the working of the clinic is to be presented upon the completion of the first year of its operation.

In the sphere of health, undoubtedly the most significant event of the year will prove to be the start of the new developments in the mental health services foreshadowed in the recommendations of the Royal Commission on Mental Health and the subsequent Mental Health Bill presented to Parliament shortly before the close of the year. The general shape of things to come in this field is already clear and the County Council has lost no time in taking active steps to facilitate the introduction of the statutory changes which are imminent. Indeed these activities are too numerous and detailed for ready summarisation in a preface and the reader is referred to the body of the report (pages 56 to 65) for full particulars.

It will be appreciated that the important developments in the health services which have taken place during the year, have again placed a heavy strain upon all members of the staff of the County Health Department, and I am glad to acknowledge once more my appreciation of the loyal and zealous spirit in which they have undertaken their tasks. In particular, I would like to record my indebtedness to my deputy, Dr. Wigley, for his handling of the mental health services, to my chief clerk, Mr. Mihill, for his able co-ordination of the multifarious activities of the department, and to Mr. Maplesden, the administrative officer in charge of the personal health services upon whom has fallen, in addition to his normal duties, a particularly heavy burden in the organisation of the arrangements for poliomyelitis vaccination which has reached its peak during the year.

In carrying out a task which though welcome and rewarding, has often proved exacting, I have at all times been able to rely on the sympathy and support of the Chairman and members of the Health Committee, to whom I am glad to have this opportunity of publicly expressing my thanks.

I have the honour to be,

Your obedient servant,

A. C. T. PERKINS,

County Medical Officer of Health.

CONTENTS

SUMMARY OF VITAL STATISTICS RELATING TO THE ADMINISTRATIVE COUNTY OF MIDDLESEX

Area (including inland water)			148,688 acres.
Population 1958			2,247,000
Number of structurally separate dwellings occupied (1951 census)			595,075
Number of private households (1951 census)			703,525
Rateable value (all hereditaments)			£40,389,755
Product of a penny rate, financial year			£163,304
Live births	Males.	Females.	Total
Legitimate	16,065	14,858	30,923
Illegitimate	878	817	1,695
Live birth-rate per 1,000 home population (crude)			14·5 (England & Wales 16·4)
do. do. (adjusted)			14·2
Stillbirths			541
Stillbirth rate per 1,000 total births			16·3 (England & Wales 21·6)
Total live and still births			33,159
Infant deaths			615
Infantile mortality rate per 1,000 live births:—			
Total			18·9 (England & Wales 22·5)
Legitimate			18·3
Illegitimate			29·5
Neo-natal mortality rate per 1,000 live births			14·2 (England & Wales 16·2)
Illegitimate live births per cent. of total live births			5·2
Number of women dying from diseases and accidents of pregnancy and childbirth (includes deaths from abortions)			13
Maternal mortality rate per 1,000 total births			0·39 (England & Wales 0·43)
Deaths			23,077
Death-rate per 1,000 home population (crude)			10·3 (England & Wales 11·7)
do. do. (adjusted)			11·1
Deaths from cancer (all forms)			4,698
Death rate from cancer (all forms) per 1,000,000 population			2,091 (England & Wales 2,124)

ADMINISTRATIVE COUNTY OF MIDDLESEX

ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER FOR THE YEAR 1958

VITAL STATISTICS

AREA AND POPULATION

The County of Middlesex covers approximately 232 square miles, and is comprised of 26 local authority districts with populations ranging from 20,000 to 215,000.

It is estimated that the population of the County as a whole has fallen during the year by a further 2,000 to 2,247,000.

When the first census was taken in 1801 the population of the extra-metropolitan portion of the Ancient County numbered 71,411 persons, and during the years which followed it increased to more than $2\frac{1}{4}$ millions.

The population of Middlesex increased much faster than for England and Wales as a whole, particularly between 1901 and 1911 when the rate of growth was more than four times as great.

Against this background, a decrease of 23,000 in six years is numerically insignificant, but it is nevertheless important inasmuch as it would appear to indicate that the seemingly insatiable demand for living space in the County has at last not only halted but may have been reversed. It will remain to be seen whether the population will decrease significantly or for some years continue at much about the present level.

BIRTHS

32,618 live births were registered during 1958, giving a crude live birth rate of 14·5 per 1,000 population. Compared with the previous year these figures show increases of 1,034 and 0·5 respectively.

When adjusted to take into account differences in the age and sex distribution of the population the rate becomes 14·2 and continues to be well below that of 16·4 for the whole country. This is the third successive year for which there has been an increase in the live birth rate. The same upward trend is evident also for England and Wales as a whole, and it follows the steady decline which commenced after the high rates of the immediate post-war years.

Birth rates by administrative area and county districts are set out in Tables 3 and 4 on pages 77 to 80. Other comparisons are given on Table 5 on page 81.

DEATHS

23,077 deaths were registered during 1958, which represents an increase of 519 compared with the previous year and gives a crude death rate of 10·3 per 1,000 population and is an increase of 0·3 on 1957.

When the rate is adjusted to take into account differences of age and sex in the Middlesex population to make it comparable in these respects to that of England and Wales it becomes 11·1 compared with 11·7 for the whole country.

Coronary heart disease continues to be the greatest single cause of death. During 1958 3,992 persons in Middlesex died from this disease and represents an increase of 331 or 9 per cent. over the number recorded for 1957. 1,245 or almost one-third were of persons under the age of 65, and 83 per cent. of these were males.

4,698 deaths were attributed to cancer during the year—35 fewer than for 1957.

Cancer is now responsible for one-fifth of all deaths in Middlesex, with the lung being the organ most frequently fatally attacked with a marked predominance in middle-aged men.

There were fairly marked increases in deaths from cancer of the stomach, heart and uterus but those due to lung cancer increased by one to 1,167 (969 males and 198 females), 654 of whom were less than 65 years of age.

The following table shows for ten important causes of death changes of relative magnitude which have occurred over the past nine years.

PERCENTAGE CONTRIBUTION OF TEN IMPORTANT CAUSES OF DEATHS TO ALL CAUSES IN MIDDLESEX 1950–1958.

		1950	1951[1]	1952[2]	1953	1954	1955	1956[6]	1957	1958[8]
1–2	Tuberculosis	2·8	2·4	1·9	1·6	1·5	1·2	1·0	0·9	0·7
	Malignant neoplasms									
10	Stomach	2·8	2·6	2·6	2·5	2·9	2·8	2·6	2·7	2·7
11	Lung, bronchus ..	3·5	3·4	4·0	4·0	4·8	4·6	4·8	5·2	5·1
12	Breast	1·9	1·8	2·1	1·9	2·1	2·2	2·1	2·0	2·2
13	Uterus	0·9	0·8	0·9	0·8	0·7	0·7	0·8	0·7	0·8
14	Other malignant and lymphatic neoplasms ..	9·8	9·1	9·7	10·1	10·6	10·0	10·0	10·5	9·6
17	Vascular lesions of the nervous system ..	11·9	11·6	12·8	11·9	13·2	12·6	12·4	12·2	12·5
18	Coronary disease-angina	12·7	12·6	13·8	14·0	15·8	15·9	15·9	16·2	17·3
19	Hypertension with heart disease ..	3·8	3·8	2·8	2·6	2·6	2·8	2·7	2·7	2·5
20	Other heart disease ..	15·4	15·0	13·4	13·1	12·9	12·4	12·9	12·8	11·9
Total number of deaths from all causes		22,079	24,094	22,479	22,128	21,176	22,110	22,616	22,558	23,077
Crude death rates per 1,000 population (Middlesex) ..		9·7	10·6	9·9	9·8	9·4	9·8	10·0	10·0	10·3

The table illustrates that coronary heart disease which in 1950 accounted for one-eighth of all deaths in Middlesex, has now increased to almost one-sixth of the total.

Over the same period deaths due to hypertension with heart disease together with deaths due to other heart disease decreased in roughly the same proportion. It may be that at least part of the reason for the increase in deaths attributed to coronary heart disease may be due to differences in diagnosis.

Deaths of persons of middle-age from this disease are about twice those caused by lung cancer, but in the light of present knowledge of the causative factors more in the way of practical advice can be given to combat the onset of cancer than of coronary heart disease.

The link between lung cancer and smoking is now established beyond all reasonable doubt, and I make no apology for reiterating comments made on this subject in last year's report.

During the past 9 years 122 Middlesex residents have died from poliomyelitis, but it is rightly considered necessary to conduct a national as well as a local publicity campaign on poliomyelitis immunisation. During the same period lung cancer was the cause of death of 8,843 persons in Middlesex, yet little or nothing is seen or heard in the way of national publicity against cigarette smoking. Local publicity is futile in competing with the intensive advertising conducted by the tobacco industry and responsibility lies with the government to strengthen the youth of the country to resist the temptation to which they are constantly exposed.

It is gratifying to conclude this section of the report by mentioning that in spite of an ageing population, apart from 1951 when there was an increase in deaths due to influenza and other respiratory conditions caused by smog, the total deaths during each of the last nine years have not increased significantly.

INFANTILE MORTALITY

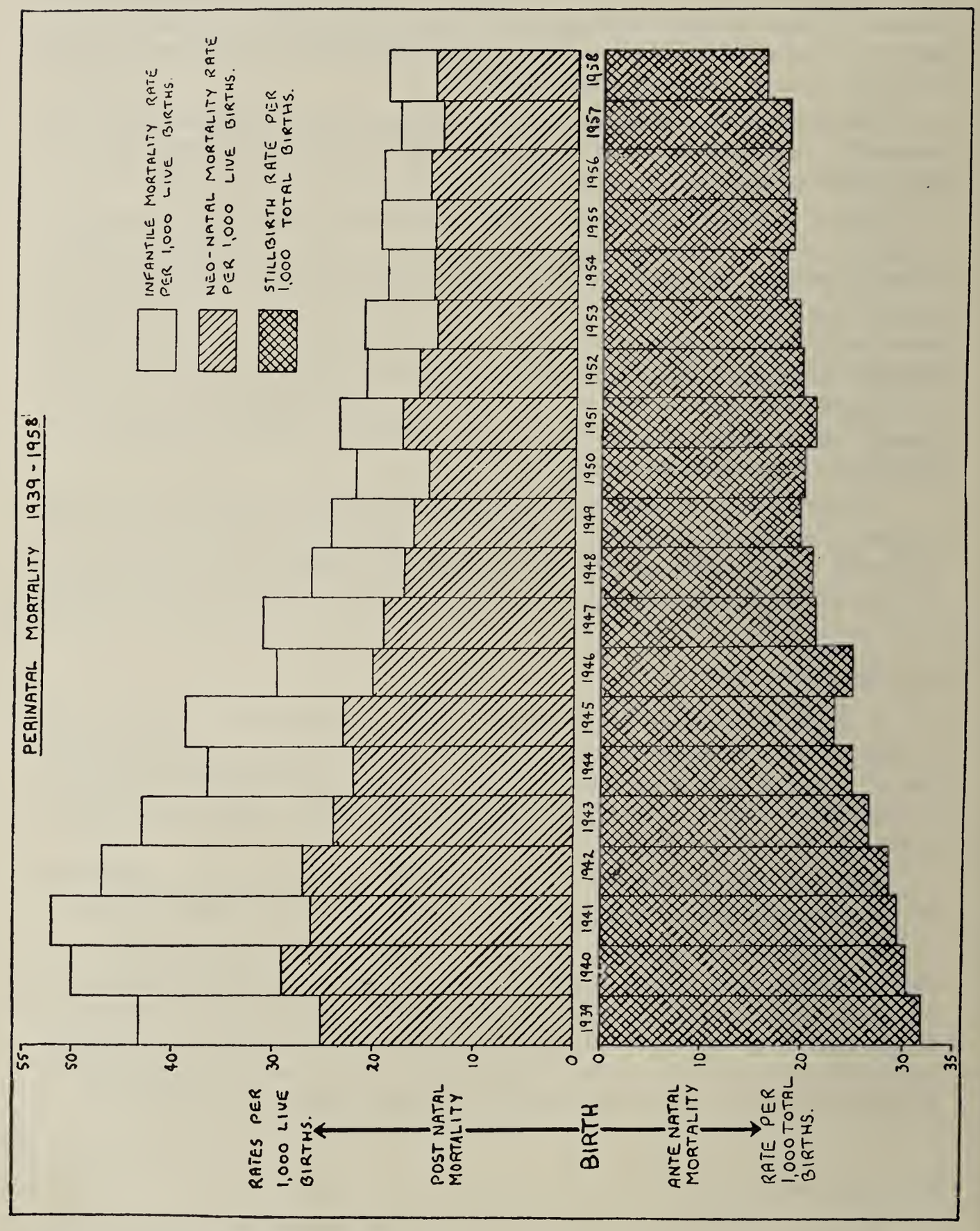
It is to be regretted that compared with 1957 there was an increase of 54 infant deaths bringing the total for 1958 to 615, and giving an infant mortality rate of 18·9 per 1,000 live births compared with the previous year's low record for Middlesex of 17·7. This year's rate, although slightly higher, still compares well with the national figure of 22·5.

Although this unexpected increase is to be deplored it will undoubtedly act as a stimulus and a reminder of the need in this field for eternal vigilance.

As the number of infant deaths diminishes, further reduction becomes more difficult, and indeed in the light of present medical knowledge and resources, it is impossible to prevent some deaths. Nevertheless, there can be no grounds for complacency when it is known that Sweden's infant mortality rate has been as low as 17 for some years and if a similar rate had been achieved in Middlesex for 1958 some 60 fewer infant deaths would have resulted.

MATERNAL MORTALITY

Despite an additional 973 live and still births compared with 1957 the number of deaths due to maternal causes remained at 13, which gives the lowest maternal mortality rate ever to be recorded for Middlesex of 0·39 per 1,000 related births. The rate for England and Wales for 1958, although also having fallen to a record low level of 0·43, is still above that for Middlesex.


PERINATAL MORTALITY 1939-1958
INFANTILE MORTALITY RATE PER 1,000 LIVE BIRTHS.
NEO-NATAL MORTALITY RATE PER 1,000 LIVE BIRTHS.
STILLBIRTH RATE PER 1,000 TOTAL BIRTHS.
RATES PER 1,000 LIVE BIRTHS.
POST NATAL MORTALITY
BIRTH
ANTE NATAL MORTALITY
RATE PER 1,000 TOTAL BIRTHS.
55
50
40
30
20
10
0
0
10
20
30
35
1939
1940
1941
1942
1943
1944
1945
1946
1947
1948
1949
1950
1951
1952
1953
1954
1955
1956
1957
1958

SICKNESS INCIDENCE

The health of Middlesex during 1958 as measured by the number of first applications for sickness benefit sent to the National Insurance Offices was reasonably good. Sickness incidence during the early months of the year was influenced by pockets of infection remaining after the epidemic of Asian influenza during the latter part of 1957.

The number of applications for sickness benefit per 1,000 population was 151 compared with an average rate for the preceding seven years of 155. The rate for England and Wales for 1958 was 155.

Table 9 on page 83 illustrates sickness incidence in Middlesex during the last eight years compared with that of the whole country.

INFECTIOUS DISEASES
[Including prophylaxis]

The number of corrected notifications of infectious diseases received by district medical officers of health during the year are given in Table 10 on page 84.

SCARLET FEVER

The 2,060 cases recorded show a substantial increase compared with notifications received over any of the past few years. The cases were distributed fairly evenly throughout the County and continued to exhibit none of the virulence which was a characteristic of the disease at one time.

WHOOPING COUGH

Only 818 notifications of whooping cough were received during 1958, which represents a dramatic reduction compared with any year since 1940, when it became compulsorily notifiable. Apart from that year, when notification was probably incomplete, the annual number of cases has ranged from 2,367 (1955) to 9,382 (1941). In 1957, 2,897 notifications were made.

Immunisation against whooping cough was available at a few district council clinics before the appointed day for the operation of the National Health Service Act, but since then the scheme has gradually been extended throughout the County generally and in 1956 vaccine was made available to general practitioners.

Although the data are incomplete, it is known that more than 181,000 children have now been protected against pertussis of whom at least 35,000 have subsequently received reinforcing injections.

It would be premature and unwise to attribute entirely the large reduction in the number of cases in a single year to immunisation. The reasons for fluctuations from year to year in the incidence of infectious diseases are complex, but nevertheless the relatively small number of cases notified this year is particularly encouraging, and justifies the hope that immunisation may now be beginning to show significant results.

There were no deaths attributed to whooping cough.

Table 17 on page 89 gives statistical information on whooping cough immunisation.

MEASLES

In the light of past experience it was to be expected that following a year of high incidence of measles (27,183 in 1957), there would be comparatively few cases this year. A total of 13,629 notifications were received. One case proved fatal.

DIPHTHERIA

It is pleasing to report that for the first year on record no cases of diphtheria were notified in Middlesex. During each of the previous three years two cases were notified.

Thirty years ago about 2,500 cases were notified annually with a case mortality rate in the region of 50 per thousand cases.

Immunisation has played a major part in making this often fatal disease virtually non-existent, and it is disturbing to find that the number of children immunised during 1958 is the lowest recorded in the County in any year since 1950.

Paradoxically, the main reason for the decrease is the absence of cases and the consequent unwillingness of young parents (to whom the disease was seldom a known hazard) to subject their infants to what they regard as an unnecessary interference.

The dangers of the effects of this human but mistaken attitude is at every opportunity explained to parents by the medical and nursing staff, and it is largely because of their efforts that the level of immunity is as high as it is.

A secondary reason was referred to in last year's report, viz., changes in immunisation techniques which were made to avoid some of the risks of provocation poliomyelitis. Unfortunately these involve additional injections which delay full immunity in individual children and also reduces the number of those immunised.

Tables 15 and 16 on pages 87 and 88 relate to immunisation.

POLIOMYELITIS

Only 37 cases of acute poliomyelitis were notified during 1958 compared with 192 in each of the two previous years, and is the lowest number to be recorded since 1944. Almost three-quarters of the cases were below the age of 25 years.

There were three fatal cases (all males) one adult and two under the age of 15 years.

By the end of 1957 about 60,000 persons had been given two injections against poliomyelitis, and a further 9,000 had received one dose. Owing to the scarcity of vaccine 87,000 were awaiting their first injection.

During the first few months of 1958 the demand for vaccine was considerably greater than the supply, so that by the end of April the number awaiting vaccination had increased to about 140,000.

By that time, however, supplies of American and Canadian Salk vaccine started to become more plentiful, and at the end of October those waiting numbered fewer than 12,000, and stocks of vaccine had become more than adequate.

Early in September the Minister of Health offered vaccination to young people between the ages of 16 and 25 years of age and also a third injection to all eligible persons.

It is regrettable that despite a great deal of publicity by press, radio, television and posters, some of which were exhibited in underground trains, the response was particularly disappointing, and by the end of the year only some 18,500 had registered representing 7 per cent. of the 265,000 young persons in Middlesex who were eligible. Arrangements for vaccination were made as flexible as possible in order that advantage could be taken of the offer with the minimum of effort. Facilities were made available for people at their place of work and at clinics, some of which were opened specially in the evening. The services of general practitioners were also available.

Continuing efforts are being made to persuade all those eligible of the need for protection and particularly the young adults for whom the results of infection are especially serious.

Apart from these setbacks tremendous efforts were made by general practitioners and the health department staff generally, and during the year 258,291 persons were recorded as having been given two injections, and a further 12,876 had one injection. In addition, 87,136 third injections were administered. At the end of 1958 10,432 persons were awaiting their first injection.

DYSENTERY

Although greater numbers of cases have occurred in years previous, the 1,220 cases notified during 1958 represents an increase of 61 per cent. over 1957. Compared with the previous year there was an increase in incidence in the country as a whole of 32 per cent., which is only half that of Middlesex.

When the notification rate for Middlesex of 54 cases per 100,000 population is compared with a rate of 84 for England and Wales the position is then placed in a better perspective especially when it is known that for this disease there is now a tendency to bigger notification rates in urban areas.

A great deal of investigation continues to be made concerning the identification of strains and in the selection of treatment, but personal contact is the prime factor in the spread of infection, which occurs mainly among young children.

Adquate toilet facilities coupled with persistent instruction and example would do much to check the disease and the disruption which it causes.

ENTERIC FEVERS

16 cases were notified during the year compared with 5 during the previous year. The cases were well distributed, and no more than two were notified from any one district. Only two cases of paratyphoid fever were notified.

FOOD POISONING

The 544 cases notified during 1958 is the highest recorded for many years and is double the number notified 10 years ago. Two districts each reported as few as one case, whilst in one district as many as 85 cases were notified.

PUERPERAL PYREXIA

791 cases were notified compared with 965 during 1957, and a mean of 795 since 1951, when the present regulations became effective.

SMALLPOX

No cases of smallpox were reported during the year. Almost 29,000 persons were vaccinated or re-vaccinated, 18,000 of whom were infants under the age of one year. It was to be expected that vaccinations would be considerably fewer than those recorded during 1957 when the number of persons protected soared to more than 50,000 as a direct result of the three cases of smallpox which occurred in Tottenham.

TUBERCULOSIS

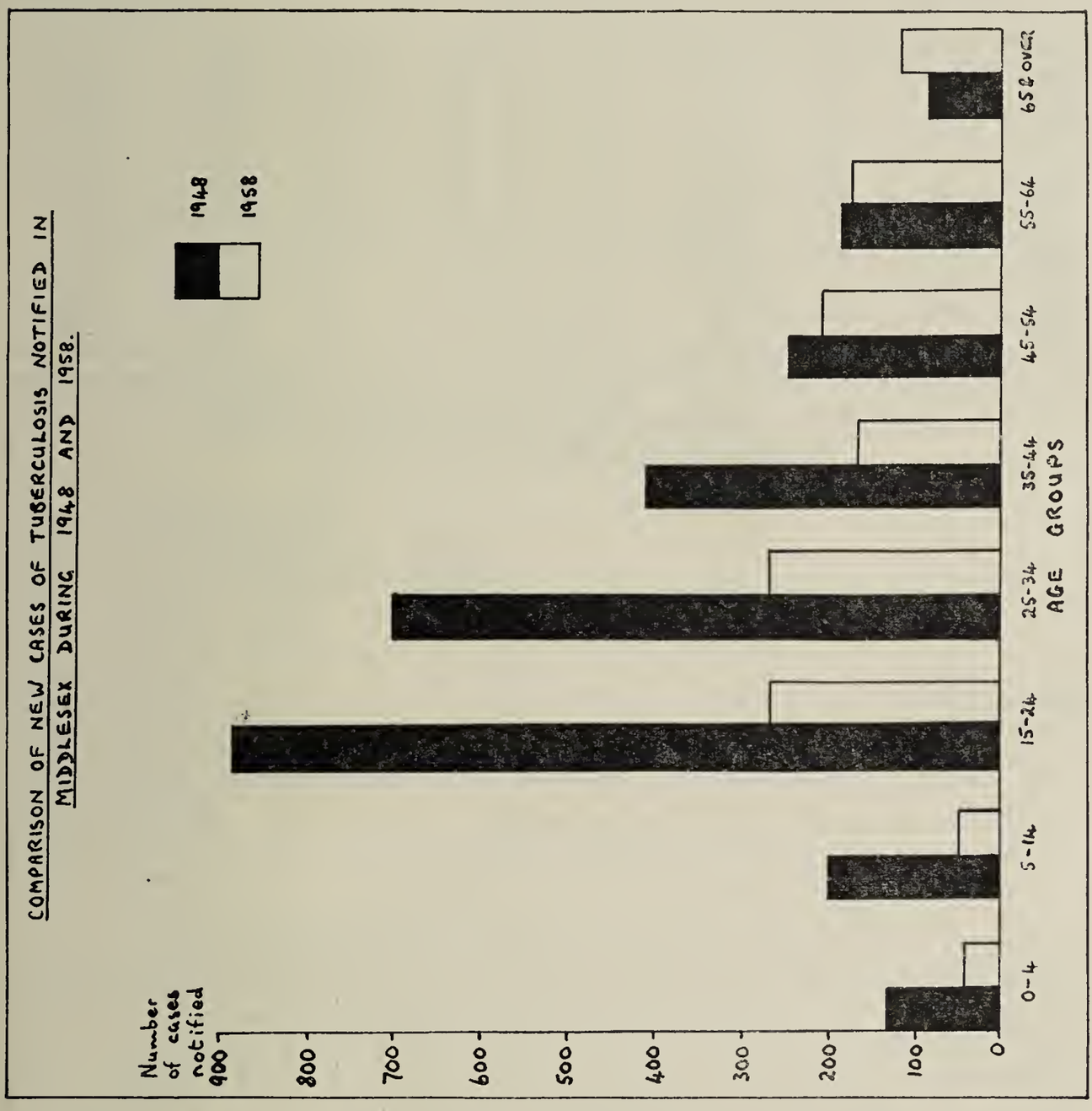
Statistical data relating to tuberculosis and to the work at the chest clinics are shown on pages 90 to 93.

The arrangements for the prevention of tuberculosis and for the care and after-care of those suffering from the disease are dealt with in the section entitled National Health Service Act on page 45.

Notifications.—The decline in primary notifications of pulmonary tuberculosis continues. There were 135 fewer notifications than last year. It is a remarkable achievement to record that within the past ten years the number of new cases has fallen by more than half. The various factors contributing to this success have been mentioned in previous reports and need no further comment. Although the outlook in the control and elimination of tuberculosis is bright, there were 1,290 new cases of pulmonary tuberculosis in Middlesex this year. It is therefore still very necessary to ensure that there is no relaxation in our efforts to maintain the high standard in this service if the satisfactory improvement over the past few years is to continue. It should not be forgotten that tuberculosis is a chronic, infectious disease. It is most significant that there is an increasing percentage of new cases in the older age groups, especially in males over 45 years of age. Compared with ten years ago there is a fall in all age groups except in the group 65 years and over where there is, in fact, an increase in the incidence of new cases. This is a disturbing feature of the present trends in tuberculosis, especially as the disease affecting this age group tends to be resistant to modern methods of treatment and so the elderly patient is likely to remain a constant source of infection. The following table shows the distribution of new cases among the two main age groups:—

PULMONARY TUBERCULOSIS

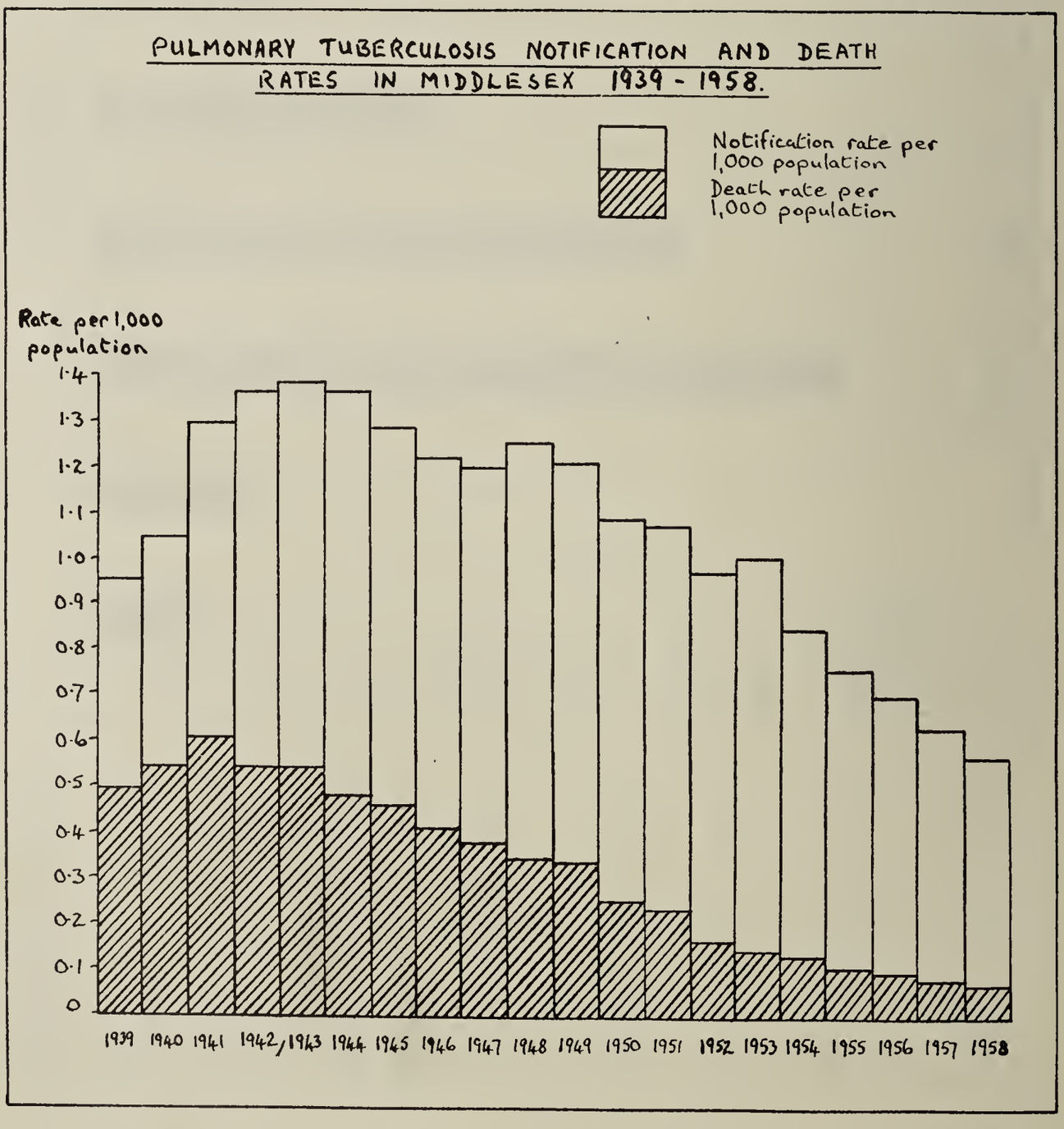
Year.	Notifications of persons age 15–44.				Notifications of persons age 45–64.			
	Males.	Females.	Total.	Percentage of all notifications.	Males.	Females.	Total.	Percentage of all notifications.
1948	987	1,001	1,988	70	319	111	430	15
1949	985	900	1,885	69	370	106	476	17
1950	822	860	1,682	68	361	129	490	20
1951	830	760	1,590	66	376	100	476	20
1952	712	745	1,457	66	355	110	465	21
1953	700	764	1,464	65	390	109	499	22
1954	614	605	1,219	64	321	108	429	22
1955	550	530	1,080	63	305	92	397	23
1956	484	439	923	59	325	86	411	26
1957	428	402	830	58	310	89	399	28
1958	354	345	699	54	292	90	382	30


COMPARISON OF NEW CASES OF TUBERCULOSIS NOTIFIED IN MIDDLESEX DURING 1948 AND 1958.
1948
1958
Number of cases notified
900
800
700
600
500
400
300
200
100
0
0-4
5-14
15-24
25-34
35-44
45-54
55-64
65 & over
AGE GROUPS

Deaths.—The number of deaths from tuberculosis during the year was 170, and of this number 148 were on account of pulmonary tuberculosis. The following table shows the trends of mortality and morbidity for pulmonary tuberculosis over the past ten years:—

PULMONARY TUBERCULOSIS

Year.	Primary notifications.				Deaths.			
	Males.	Females.	Total.	Rate per 1,000 population.	Males.	Females.	Total.	Rate per 1,000 population.
1948	1,527	1,301	2,828	1·25	493	297	790	0·35
1949	1,588	1,158	2,746	1·21	486	279	765	0·34
1950	1,378	1,099	2,477	1·08	370	197	567	0·25
1951	1,416	1,000	2,416	1·07	331	197	528	0·23
1952	1,251	957	2,208	0·97	252	134	386	0·17
1953	1,284	980	2,264	1·00	222	105	327	0·14
1954	1,109	816	1,925	0·85	209	83	292	0·13
1955	1,000	706	1,706	0·76	178	66	244	0·11
1956	957	611	1,568	0·70	154	60	214	0·10
1957	868	557	1,425	0·63	130	52	182	0·08
1958	774	516	1,290	0·57	111	37	148	0·07



Posthumous notifications of pulmonary tuberculosis were one and deaths from the disease in persons not previously notified amounted to 23.

The number of patients examined for the first time at the chest clinics in the County was 60,646, which is a decrease from the number seen last year, and of this number 1,400 were found to be suffering from pulmonary tuberculosis. The number of new contacts of these cases examined was 10,352, and again 138 new cases were found among these contacts. The percentage is small but, nevertheless, it is an important part of the work in controlling the spread of this disease. At the end of the year 20,794 patients remained on the tuberculosis registers maintained by the chest clinics. The following tables show the percentage incidence among patients examined, including contacts, and the total number of patients on the registers at the end of each year over the past ten years:—

Year.	Total persons (including new contacts) examined for the first time.			New contacts examined.			Persons on chest clinic registers at the end of the year.
	Number.	Number found tuberculous.	Percent. found tuberculous.	Number.	Number found tuberculous.	Percent. found tuberculous.	Total.
1949	27,584	2,651	9·6	8,399	266	3·2	16,485
1950	34,159	2,355	6·9	8,894	213	2·4	17,331
1951	40,622	2,276	5·6	9,915	291	2·9	18,241
1952	38,695	2,390	6·2	9,597	207	2·2	19,349
1953	43,747	2,504	5·7	11,194	231	2·1	20,402
1954	45,032	1,981	4·4	9,773	154	1·6	20,940
1955	53,624	1,777	3·3	10,849	150	1·4	21,367
1956	56,591	1,602	2·8	10,003	136	1·4	21,297
1957	62,985	1,362	2·2	11,646	124	1·1	21,253
1958	60,646	1,400	2·3	10,352	138	1·3	20,794

Prevention of Tuberculosis by B.C.G. Vaccination

Year.	Number of persons vaccinated under:—		Total.
	Contact scheme.	School leavers scheme.	
1950	170	—	170
1951	1,240	—	1,240
1952	1,842	—	1,842
1953	1,585	—	1,585
1954	1,740	156	1,896
1955	2,041	2,031	4,072
1956	2,125	3,337	5,462
1957	2,445	12,745	15,190
1958	2,258	12,643	14,901

VENEREAL DISEASE

During 1958 the number of Middlesex patients attending for the first time clinics in hospitals was 45 less than in 1957. The number of patients suffering from gonorrhoea again showed an increase whilst those suffering from syphilis and other conditions decreased.

Details of the council's arrangement for the prevention, care and after care of these conditions will be found on page 48.

HEALTH CONTROL OF AIRPORTS

This section deals with all the activities of the Health Control Unit of London Airport. Although the Unit is thus designated, health control measures, in fact, form but a small portion of the work that is carried out. For by far the major part of this work, the air port medical staff are responsible to the Ministry of Transport and Civil Aviation; for other aspects of the work they are responsible to the Home Office and to the Ministry of Health.

During the year under review there has been no spectacular development or expansion worthy of note. Nevertheless, the Unit has continued to meet all the varied demands made upon it, and as the statistics on page 94 indicate, these demands increase as the years go by, and it is likely that, in view of these trends and of the increase in passenger traffic, more staff will eventually be required for the medical unit.

One of the most important events which occurred at London Airport during the year was the inauguration of the passenger jet services to and from America, and in this connection it may be pertinent to sound a note of warning regarding the " noise " problem attributable to jet aircraft.

At the present time the medical staffs of both the two major British Airways Corporations are devoting much attention to this subject, as it affects their employees, and it is possible that protective measures may be instituted to mitigate the adverse effect of noise on hearing. To avoid any repercussions, the Ministry of Transport and Civil Aviation will certainly be expected to keep in step with developments in this field, in so far as their own staff working on the airport are involved.

The Health Control Units are accommodated both in the North Terminal and the Central Terminal. The space allocated to the Unit on the North side is rather cramped, tends to be dispersed and is altogether makeshift. The premises at the Centre on the other hand were carefully designed, are more compact and spacious, and certainly tend to impress the arriving passengers at the first control point encountered in Britain more favourably, than does its northern counterpart. The unfavourable features in the Central Terminal Health Control Unit are the lack of natural lighting and the inadequacy of the ventilation.

By far the pleasantest conditions under which the medical staff work are to be found in the medical section of the Control Tower. Here again the layout is all that could be desired and, moreover, there is an abundance of natural light and good ventilation, and the accommodation is generally spacious. It is disappointing to have to record that owing to the expansion of the telecommunications department, the medical section is being displaced and is likely to have to transfer to the Queen's Building.

There has been no change to record in the procedure adopted at the Health Control points. All passengers arriving from countries where smallpox is endemic continue to be cleared by Port Health staff, their vaccination certificates being checked and Yellow Warning Cards issued. Where a passenger is unable to produce a valid certificate of vaccination, he is requested to leave his address.

The number of aircraft arriving during the year was 38,471, as compared with 37,617 in 1957. Passengers carried totalled 1,195,817 as compared with 1,179,941, an increase of 15,876.

Disinsectisation was carried out on 1,499 aircraft during 1958, a decrease of 978 from the previous year. This procedure is a requirement of the Governments of India and Pakistan.

Ships' crews, principally Lascars, arriving in this country to take over ships, continue to be inspected by the medical officer, and the destination Medical Officer of Health receives a notification of their arrival in each case.

Cases requiring ambulance transport totalled 2,233 during the year. This represents an increase of 456 over the year 1957, during which year there was a similar increase over 1956. As has been noted in previous reports, this annual increase in ambulance traffic has been expected, and it is likely to continue. Despite this, the County Council's Ambulance Service has not had quite so many calls from the Airport as in the previous year; in fact there were 78 fewer. The main overall increase has been due to the number of private ambulances that have been used to convey invalids, a jump of 518.

It is a pleasure here to pay tribute to the unfailing courtesy and ready co-operation met with amongst the personnel of the ambulance services. There have been occasions, fortunately few and far between, when complaints have been made by the Middlesex Ambulance Service, usually in connection with prolonged delays, to which both ambulance and personnel have been subjected, but when these complaints have been fully investigated, accumulation of unavoidable circumstances have for the most part proved responsible.

The following figures give an analysis of the cases dealt with during 1958, the figures in parentheses representing 1957:—

(*a*) National Health Service	758	(836)
(*b*) Private	1,210	(683)
(*c*) Service R.A.F.	225	(208)
(*d*) St. John's and Red Cross	49	(50)
	2,233	1,777

The local hospitals, notably Hillingdon and the West Middlesex, have, as always, been most co-operative. Not only do they continue to reserve a quota of their beds in case of a major disaster, but they are ever ready to admit a patient, taken suddenly ill at the airport, or a patient for whom no arrangements have previously been made.

For no obvious reason there has been a slight falling off in the number of mentally sick passengers (and visitors) using the Airport during the year, 130 as compared with 164 in 1957 and 158 in 1956. In the main, these cases have been British subjects, and they have necessitated the services of the Duly

Authorised Officers of the County Council. These officers have rendered great assistance to the medical staff, and there is invariably a sense of profound relief once the cases have been handed over. Once again, the West Middlesex Hospital and St. Bernard's Hospital, Southall, have been a great help in accommodating these unfortunate persons.

Staff, visitors and passengers are treated for minor injuries at both North and Central Terminals and in the Medical Section of the Control Tower. There was a slight decline in the totals treated. The commoner conditions met with were foreign bodies in eye, infections of the ear, lacerations and bruises due to falls, sore throats and gastro-intestinal upsets.

All medical officers of the Health Control Unit are authorised medical inspectors of aliens. As such their duties include the examination of aliens arriving with Ministry of Labour permits, as well as those aliens arriving here for medical treatment. In the first category the number examined in 1958 was 2,288, which represents a decrease of 1,669 from the previous year. In the second category there was an increase of 92 aliens requiring a Form Port 12, the total figures being 855, as compared with 763 in 1957.

At a conference held during the year, discussion took place between representatives of the Immigration Department of the Home Office, the Ministry of Health and the County health staff to determine whether some measure of discretion could not be given to the immigration officers in respect of certain categories of aliens coming to the United Kingdom for medical treatment. These discussions resulted from complaints on two scores; firstly, that the time of the immigration officer was unduly taken up with the passenger, whilst awaiting a medical report, and secondly that the passengers themselves were delayed at the Airport, if the duty medical officer was engaged on some other more urgent task.

Two medical officers were kept fully employed throughout the year in carrying out medical examinations of air crews. During this period 2,795 crew were examined, as compared with 1,920 in 1957 and 1,456 in 1956.

The number of air traffic control officers and M.T.C.A. personnel medically examined was 421, an increase over 1957 of 52.

The following paragraphs give details of some of the more noteworthy incidents arising in connection with infectious diseases.

Cholera.—In June there was an outbreak of cholera in Thailand, and all passengers to or from that territory were required to be in possession of valid certificates of inoculation. Flights from that area were checked at the Health Controls.

Diphtheria.—On 13th August a passenger arrived at London Airport from Bahrain, passing through the controls in the usual way. He was subsequently admitted to St. Thomas's Hospital and five days later was diagnosed as suffering from diphtheria. Appropriate action was taken in respect of all contacts on the flight and in Bahrain.

Leprosy.—On 4th June a native of the Philippines suffering from leprosy arrived in London from Lourdes, where he had been on a pilgrimage. He was a transit passenger to America and after the Airline had been reassured that he was no longer infectious he was allowed to proceed on his way.

Poliomyelitis.—On 13th April a British passenger arrived by an Air Ceylon flight with poliomyelitis of 21 days duration. The patient was taken to the South Middlesex Hospital. The agents of the Airline were requested to notify crews and passengers who had disemplaned en-route at Bahrain, Cairo and Rome that they were contacts of the case. As the aircraft was in transit to Amsterdam, all necessary disinfection and disposal of contacts was carried out in Holland.

In May a passenger from Sierra Leone, who passed through the control points as a normal passenger, subsequently fell ill and three days later was diagnosed and confirmed as a case of paralytic poliomyelitis.

On 23rd June a B.E.A. Viscount was chartered to bring a British woman from Valencia to London. She had developed acute poliomyelitis two days previously and a tracheotomy had been performed on the 21st. She was accompanied by a doctor and was taken to the Western Fever Hospital.

On 12th August a young British subject aged 23 was taken ill on a flight from Munich to London, and on arrival was diagnosed as acute poliomyelitis and admitted to the St. John's Isolation Hospital, Uxbridge. The diagnosis was later confirmed.

In December news was received from B.O.A.C. to the effect that a steward on a flight from the Far East to London had been offloaded at Beirut with acute poliomyelitis. All passengers on the flight were requested to give their destinations and the information was passed on to the various Medical Officers of Health. Other members of the crew on this flight were given gamma-globulin as a protective measure.

In each instance fumigation of the aircraft was carried out.

From time to time requests are made to the staff of the Health Control Unit to show public health personnel the procedure followed at London Airport. Often the visitors are from Commonwealth territories; sometimes they are medical officers of health and health superintendents. Occasionally classes of student public health inspectors arrive or health visitors undergoing courses at the Royal College of Nursing.

BLIND PERSONS

During the year 606 reports on form B.D.8 were received in respect of new cases for consideration of their admission to the register of blind or partially sighted persons. In addition 177 reports on old cases or persons transferred from other areas were reviewed.

The classification and follow-up of persons on the register of blind or partially sighted persons during 1958 is given on Table 43 on page 113.

The Chief Welfare Officer arranges for Home Teachers for the Blind to visit all registered persons and follow-up on the treatment and advice recommended by ophthalmic surgeons. There is very good co-operation between the officers of the County Council and hospital authorities on the follow-up of patients.

NATIONAL HEALTH SERVICE ACTS

As the National Health Service Act, 1946, came into operation on the 5th July, 1948, the year under review has included the completion of the first ten years of the service. A comprehensive survey of the local health services provided by the County Council under the Act during the first five years of its operation, together with a general review of their working as part of the wider National Health Service was included in my report for 1952. In circular 22/58 from the Ministry of Health it was stated the Minister did not consider it necessary for a special survey on the scale of the 1952 report to be made covering the first ten years of the National Health Service. It was, however, asked that the 1958 report include a brief general review of the manner in which, during the past ten years, the local health services have functioned in the wider setting of the National Health Service generally.

The Act allocated to three types of administrative bodies the following health service functions:—

1. To the regional hospital boards, hospital and specialist services.

2. To the executive councils, the general practitioner services, both medical and dental, pharmaceutical services and supplementary ophthalmic services, and

3. To the county councils and county borough councils, as local health authorities, the provision of the personal health services.

The functions conferred on the Middlesex County Council as the local health authority for the whole county included the maternity and child welfare services which previously the County Council had provided in only 9 of the 26 county districts, the borough and urban district councils having provided these services in the remaining 17 districts. They also included the district nursing service which had previously been provided by a large number of small district nursing associations which were of a voluntary nature. With such a large number of different services it was only to be expected that there would be different standards in operation; and this difference had been further increased by the unequal building development which took place in the inter-war years. One of the main problems has been to create a reasonable uniformity in the standards of the services throughout the county. This has been done by a " levelling-up " process.

ADMINISTRATION

The general pattern of administration of the County Council's services set up in 1948 has remained unchanged. This provides for certain of the services to be administered locally and the remainder centrally. For the purposes of those services administered locally the County is divided into 10 areas, the boundaries of which coincide with those of one or more local authorities in the County. For each area a local area committee has been appointed, which is a sub-committee of the Health Committee. The constitution of the area committees includes a majority of members nominated by the county district councils in the area, together with County councillors and a few representatives of other bodies associated with the health services such as hospital management committees, &c. These local area committees have

delegated powers to deal with day to day administration, whilst the County Council retains control of policy and finance.

This form of committee administration was designed to obtain co-operation between the County Council and the local authorities who are responsible for the environmental health services provided under the Public Health Acts, &c., and this is further encouraged by the fact that all the area medical officers, with one exception, are also medical officers of health of one or more districts within their areas.

In 1952 the County Council decided to confer with all the local authorities in the county on the administration of local government in Middlesex. As a result of these conferences the County Council in 1954 agreed to accept the basic principles of the proposals of the conference which, so far as the health services were concerned, were to amend the scheme of area administration to provide for delegation to certain county district councils. However, in view of the setting up of the Royal Commission on Local Government in Greater London as a result of the Local Government Act, 1958, the whole question of reorganisation was deferred as Middlesex is included in the area to be considered by the Royal Commission.

CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE

There are a number of provisions in the National Health Service Act designed to facilitate co-operation between the various parts of the service. These include the appointment of a number of members of regional hospital boards after consultation with local health authorities, whilst the constitution of an executive council provides that eight members shall be appointed by the local health authority for the area of the executive council. The County Council, in considering its representatives, decided to nominate members of the County Council only and not officers. In accordance with Section 20 of the Act the County Council is required to submit proposals to the Minister of Health for carrying out its duties under the Act and copies of each such proposal has also to be sent to the regional hospital boards, the executive council, and local authorities in the County who may make representations to the Minister in regard to the proposal.

To assist in co-ordination with the other parts of the National Health Service the constitution of the Health Committee includes one member nominated by the North East Metropolitan Regional Hospital Board, one by the North West Metropolitan Regional Hospital Board and four by the Middlesex Executive Council (*viz.*, one doctor, one dentist, one pharmacist and one lay member). It will be seen therefore that there is quite close contact between the three branches of the National Health Service at member level.

The lack of such close contact at officer level was felt in the earlier years of the service. Accordingly in 1951 an experiment was initiated to overcome this difficulty by the setting up of a Health Services Liaison Committee. This consisted of medical representatives of all branches of the health services in the area approximately covered by the Central Middlesex Group of hospitals. This experiment was most successful and accordingly has encouraged expansion so

that now there are eight such committees which between them cover practically the whole of the county.

There are also a number of smaller schemes which aim at better co-operation in a particular service, and these will be mentioned under the service paragraphs later in this report.

Section 21

HEALTH CENTRES

The National Health Service Act envisaged that health centres would be established and would be used as common ground on which the three separate branches of the National Health Service should meet. It would have provided opportunities for mutual discussion and exchange of ideas. A prototype design was agreed after consultation between representatives of the Council's medical staff and the County Architect. Drafts were then submitted to the Middlesex Local Medical, Dental and Pharmaceutical Committees and the senior administrative medical officers of the Regional Hospital Boards for their suggestions and these were then embodied in the plan. There is, therefore, in existence a design upon which to base plans for health centres in Middlesex.

In October, 1952, the Council decided to submit proposals to the Minister of Health concerning the general provision of health centres, but in 1953 it was reported the Minister considered it preferable to leave the proposals in abeyance, but indicated he would be prepared to consider any particular project satisfying certain essential criteria.

The position was affected by the decision of the Government, following the report of the Working Party on the Distribution of Remuneration among General Practitioners, to provide assistance to doctors who wished to establish group practices by means of interest free loans. The County Council decided to ask the Middlesex Executive Council for its views, after consultation with the Local Medical Committee, as to the desirability of the County Council establishing a health centre. The Executive Council reported that it was of opinion that group practices provide a more generally acceptable and economic form of " health centre " than that originally envisaged under the Act, and that there was no professional demand for the establishment of health centres in the county.

In these circumstances the County Council decided that no further steps could be taken at present for the establishment of health centres.

Section 22

CARE OF MOTHERS AND YOUNG CHILDREN

This section of the Act gives to a local health authority the duty to make arrangements for the care, including dental care, of expectant and nursing mothers and of children who have not attained the age of five years and are not attending primary schools maintained by a local education authority.

Clinics.—The scope of clinic services which can be provided under this section of the Act is wide and sessions of various types have been developed throughout the county to meet local needs. There is close co-ordination with

the school health service in the joint use of premises and staff, whilst at certain types of sessions the regional hospital boards provide the services of specialists.

Ante-natal, post-natal, gynaecological and child welfare sessions have been arranged and in some cases sessions for toddlers only. Other sessions have been arranged specially for ante-natal relaxation exercises, for help with breast feeding problems and for the teaching of mothercraft.

In the great majority of the clinics, particular emphasis is laid on educating the mothers who attend ante-natal sessions, and who bring their children to the welfare centre in the principles of healthy living. The health visitors at these clinics have individual talks with mothers at every opportunity and, in addition, use film strips, films and other demonstration material widely in speaking to groups during ante-natal relaxation sessions and mothercraft classes.

The results of some years of this education is seen clearly in the high standard of physical well-being of the majority of children. A task which is now being tackled, and is not easily carried out is helping in the many and varied emotional problems with which mothers and sometimes their children are faced in the stress and complexity of modern life. Up to date clinic premises where the health visitor can have her base and where private conversations can be carried on are a great asset in this kind of work.

Owing to restrictions and controls in the use of building materials in the immediate post-war years and later in capital expenditure, it has not been possible for the County Council to carry out as much work as it wished in the provision of new clinics. Accordingly priority has had to be given to the supply of new clinics to meet the needs of those districts where new houses were being erected and the replacement of the most unsatisfactory of the existing clinics which were transferred to the County Council in 1948.

In the past ten years nine purpose-built clinics have been erected, whilst 22 other buildings have been adapted for clinic use. In addition a large number of minor adaptations and additions have been made to existing clinics to render them more suitable for clinic purposes.

A mobile clinic for use in Area 8 was approved in 1953, and has proved its value in the outlying semi-rural parts of the area. Approval has recently been given to the provision of a second mobile clinic for use in health area No. 10.

During 1958 two new purpose-built clinics have been opened—Pound Lane Clinic, Willesden, and Shepperton Clinic—both of which replaced clinics held in unsatisfactory premises. Additional infant welfare and/or ante-natal clinics were opened at Highgrove House, Eastcote; 39, Crescent West, Hadley Wood, and at Claremont, Hendon. The existing clinic sessions at Cranford and Elstree were transferred to other premises. In the latter case it was arranged after consultation with the Middlesex Executive Council for clinic sessions to be held in the premises of two local general medical practitioners.

The number of ante-natal sessions held per month in 121 clinics was 654. The majority of these sessions were also used for post-natal examinations, but 8 additional special post-natal sessions were held.

The number of ante-natal patients attending clinics during the year increased by 604 on those attending in 1957.

In 1958, 30,542 children under one year attended a child welfare clinic, an increase of 1,535 on those attending in 1957.

Further statistical information will be found in Tables 25, 26 and 27 on pages 95 to 97.

Welfare Foods.—Since 1948 arrangements have existed at the Council's infant welfare centres for the supply of certain infant welfare foods and vitamin preparations at special charges which in necessitous cases can be halved or waived completely. At the request of one of the Health Services Liaison Committees the Council decided to ask the Minister of Health to approve the extension of these arrangements to mothers of children who attend *ad hoc* infant welfare clinics run by general practitioners for their own patients. The Minister's approval was received during 1958, and the extended scheme is now in operation.

Since 1954 the County Council has been responsible for the distribution of welfare foods under the National Welfare Foods Scheme. The number of issues made under this scheme during 1958 was as follows:—

National dried milk	326,862 tins.
Cod liver oil	127,787 bottles.
Vitamin A and D tablets	112,058 packets.
Orange juice	1,115,723 bottles.

Day Nurseries.—Very few day nurseries were provided in Middlesex before the last war, but during the war a large number were opened to meet the needs of the children of those women employed in factories, &c. to help the war effort. Afterwards the same position arose, but to a decreasing extent to meet the needs of the post-war export drive. The County Council has reviewed its policy with regard to the provision of day nurseries from time to time and has obtained the approval of the Minister of Health to amendments to its original proposals under the Act. The position at present is that the Council's day nursery service is provided to meet the needs of cases for which it is considered such provision is necessary on health grounds. A scheme of priorities has been approved and transport is provided for certain cases.

The result of these changes of policy is that the 95 day nurseries operating in 1948 have been reduced to 33, and the number of approved places from 4,690 to 1,513. Details of numbers on the registers and daily average attendances in 1958 will be found in Table 30 on page 100.

The decrease in the provision of day nurseries by the County Council has to some extent been offset by private day nurseries and child minders registered under the Nurseries and Child Minders Regulation Act, 1948. At the end of 1958 registrations under this Act provided a total of 2,118 places, an increase of 113 over those registered in 1957.

The decrease in the number of nurseries has created some difficulty in arranging training and refresher courses for the staff. The position of warden in a day nursery is one for which the nurse requires special training. The duties are concerned specially with the play and organised occupation of the children between three and five years of age. Every training nursery must

have a warden on its staff. At the end of 1958 there were seven vacancies for wardens in the County's day nurseries. Six members of day nursery staffs had applied to be considered for a training course. No course was held in Middlesex during the year. It may be necessary to seek approval for places to be obtained at courses held in counties other than Middlesex if a serious shortage of wardens is to be avoided. Refresher courses for nursery matrons, deputy matrons and wardens are also needed to enable the staff to keep their knowledge up to date. There has been no such course for wardens since 1951.

Child Minder Schemes.—There were in existence in the County in 1948 two child minder schemes; one in area 3 (44 children), the other in area 9 (10 children). These schemes provided some overall control over the child minders concerned and they were allowed to continue. The basis of the schemes is that the guardians are paid a small retaining fee in consideration of the inclusion of their names on the register. The remaining financial details are a matter of arrangement between the minder and the parents. The guardians agree to inspection of their premises, and to take children for whom they become " daily guardians " to the Council's infant welfare centres as required. The scheme in area 9 fell into disuse by 1954, but that in area 3 still operates.

Care of Premature Babies.—In 1948 a scheme for the special care of the premature baby in its own home was inaugurated in area 7. Having received approval in principle, the scheme was circulated to other health areas for adaptation. Special equipment such as heated cots, oxygen tents, portable scales, screens, etc., was acquired for loan to the home, and a close liaison with hospitals is maintained.

Research Study and Survey.—Dr. Alison MacDonald, Research Fellow in the Department of Child Health at Guy's Hospital, asked that she might be allowed to follow up the babies of some of the 3,000 mothers in a study which she was making and had published on the subject of health in early pregnancy in relation to congenital abnormalities. Most of these children lived in Hertfordshire, but a small number were in Middlesex. Approval was given to this. The follow up is still being carried on.

DENTAL CARE

It is probable that the special arrangements for the dental care of expectant and nursing mothers and children under 5 years were included in section 22 of the Act because it was felt that owing to the shortage of dentists, the general dental service provided through the Executive Council would not be able to cope effectively with all those needing treatment. Regular dental supervision is essential if comprehensive treatment is to be assured, and this is more conveniently and suitably obtained for those priority classes if the dental service is linked with the work of the ante-natal clinics and infant welfare centres. The priority dental services should, therefore, be regarded as an integral part of the maternity and child welfare service. Expectant and nursing mothers and young children have equal rights with the rest of the community to the benefit of the general dental service, but the priority dental service is intended to give them some guarantee of treatment not given to other classes.

In accordance with the recommendation contained in Ministry of Health circular 118/47 the priority dental service is co-ordinated with the school dental service, joint use being made of staff and clinic premises.

It has not been possible during the past ten years to provide the full service which was required because at no time has it been possible to recruit sufficient staff. It is estimated that about 120 whole time staff are required to provide a full service, whereas the actual staff has fluctuated between the equivalent of 53 and 80 whole time staff. Whereas in 1948 practically all staff were whole-time officers it has been necessary to recruit a large number of part-time staff and at present there are 62 such officers equivalent to 23 whole-time officers. To offset the shortage of staff a scheme of evening sessions was introduced in 1952, but although this has been helpful its extent is quite small compared with the total sessions lost through lack of staff.

To encourage recruitment of staff as well as to assist in a high standard of service the County Council has provided well equipped dental clinics, including X-ray apparatus and all prosthetic work is carried out at the Council's own two dental laboratories.

The following report on the operation of the priority dental service in 1958 has been prepared by the Chief Dental Officer, Mr. J. V. Bingay, *M.B.E.*, L.D.S. R.C.S.:—

> " It is with regret that I have to report that during 1958 there was a decline in the fortunes of the County dental services which, if allowed to continue unchecked, must inevitably have the most serious effect on the future of these services.
>
> During the year eleven whole-time officers have been lost to the service, and although three replacements have been obtained during that period, a net loss of eight highly experienced and efficient dental officers has been sustained.
>
> It takes many years of clinical experience to become highly proficient in the difficult art of children's dentistry and it is a tragedy that officers of such calibre should be lost to the service which by statute, bears the responsibility of providing comprehensive dental treatment for the priority classes and which has been referred to in official documents, as the ' spear-head of the attack on dental disease.'
>
> For the benefit of those who remain unconvinced of the extremely serious situation, I append a statistical table showing the various age-groups of those whole-time officers who remain in the local authority dental services in England and Wales and for purposes of comparison, the figures as they apply to Middlesex.

No. of wholetime officers employed	Age groups of Wholetime Dental Officers.														
	Under 30			30–39			40–49			50–59			Over 60		
	M.	F.	Per cent.	M.	F.	Per cent.	M.	F.	Per cent.	M.	F.	Per cent.	M.	F.	Per cent.
Employers—Local Authorities England and Wales															
873	51	40	10·4	122	54	19·9	160	42	23·1	219	49	30·7	126	10	15·6
Employers—Middlesex County Council.															
50	2	2	8·0	4	4	16·0	6	5	22·0	7	8	30·0	9	3	24·0

It will be seen that of a total of 50 whole-time officers only 4 are under 30 years of age, 8 are between 30 and 40 years and 11 between 40 and 50 years, the remaining 27 being over 50 years with no less than 12 of this number aged over 60 years.

No young men and women graduates are coming forward to take over from those, who by virtue of their age, must soon retire from the unequal struggle.

It must be obvious from the figures shown above that because of the preponderance of officers in the higher age groups, the rate of loss by retirement and other causes must become increasingly higher each year.

The seriousness of the position cannot be overstressed.

Staffing.—The dental officer staffing position as at 31st, March 1959, was as follows:—

Dental officers whole-time or substantially whole-time	50
Dental officers employed on a contractual basis ..	62
Whole-time equivalent	73 3/11
Approved establishment	106

Allocation of Duties.—Dental officers normally devote 90 per cent. of their time to duties in connection with the Education Acts, the remaining 10 per cent. being allocated to the priority classes, *i.e.*, expectant and nursing mothers and children of pre-school age.

During 1958 the total number of sessions devoted to treatment in the school service was 30,380, and for the priority classes 3,243, approximately 10 per cent. of the total, a figure which conforms with the requirements of the Ministry of Health.

The true figure is in fact higher than 10 per cent. owing to the fact that certain " mixed " sessions, particularly general anaesthetic sessions, are usually allocated entirely to the school service because of the preponderance of school children patients at such sessions.

Mrs. A. M. Ferry, L.D.S.—It is with great regret that I have to report the decease of Mrs. A. M. Ferry, L.D.S., who died suddenly towards the end of 1958.

Mrs. Ferry served the County in the capacity of a dental officer loyally for many years in area 2. She had proved herself to be a most able and efficient dental officer, greatly loved by her patients and held in high regard by her colleagues.

By the untimely death of Mrs. Ferry, the County Council's service has lost a fine officer who had a real sense of dedication to her chosen career.

Mr. O. H. Minton, L.D.S.—Mr. Minton, who joined the County staff in 1947, after service with the Royal Army Dental Corps during the last war, succeeded me as area dental officer, area 10, in August, 1950.

I am pleased to record that Mr. Minton has now been appointed to Surrey County Council in the capacity of Chief Dental Officer.

I regret the loss to our service of an officer of his ability, but I am certain that all his friends and colleagues will wish him every success in his new appointment.

Recruitment of Dental Attendants.—Recruitment of young women to the dental service in the capacity of dental attendants has again proved a major problem, and I do not think that I can do better than quote from the annual report of Mr. K. C. B. Webster, area dental officer, area 4, in which he deals with this subject so ably.

Mr. Webster writes:—

'The conditions of service for this class of officer continue to be unsatisfactory and to cause a deep sense of injustice.

Every experienced public dental officer will readily testify that a dental attendant can make or mar the success of a dental clinic as their duties bring them into the closest contact with parents and children.

They receive patients on arrival at the clinic, need to have personality, tact and patience in listening to parental and child confidences and to allay the latent fear and concern about dental treatment which is emotionally in evidence.

They are required to provide nursing assistance to the patient at the chairside, and it will be obvious that they need experience and knowledge in the handling of large numbers of children who react in quite difference ways, under stress. They are required to be the handmaiden of the dental surgeon and for this purpose must know the names and uses of every instrument and piece of apparatus used, together with its care and maintenance. They need to prepare drugs, filling materials and the many mixtures used by the dental surgeon.

They are required to have an adequate knowledge of the principles of sterilisation and asepsis, of the preparation of patients for general anaesthetics and for various dental operations. They must be skilled in the after-care of patients in the recovery room and must have a knowledge of first-aid in emergencies. Furthermore, they are required to carry out certain secretarial duties such as re-booking appointments and the keeping of treatment records, which are both legally and statutorily necessary.

It is advantageous for this class of officer to take the examination of the Dental Nurses and Assistants Society, but at the present time this is not a requirement of the post.

The County Council is now encouraging attendance of dental attendants at the training courses for this examination at the Chiswick Polytechnic with financial assistance, and the County Chief Dental Officer has spared no efforts to make these courses the best in the County.

One dental attendant in this area (area 4) is at present attending this course.

It may well be that the Chiswick Polytechnic is geographically placed to inhibit attendance at evening courses by dental attendants

in this district, but also the sense of injustice amongst dental attendants about being remunerated at levels outside, and in most cases below the Charter Grades, together with numerous anomalies which have arisen due to the various changes in their grading has, in my opinion, led to a lack of enthusiasm for additional attainments.

Some of the dental attendants have been in posts for over 20 years, and it is to be hoped that the transfer of their national arrangements for conditions of service to Committee " B " of the Professional/ Technical grades will result in a better material recognition of their value as local government officers.'

Annual Conferences—British Dental Association.—In 1953 the County Council agreed that in my capacity as Chief Dental Officer, I should be permitted to attend the annual conferences of the British Dental Association with grant of leave and expenses.

Following each visit I have made a full report on the proceedings, which through you, has been submitted to the County Health Committee.

I have consistently, in my report, put forward a plea to the effect that wider recognition of these events should be given by the County Council with approval to an increased number of officers, particularly area dental officers, to attend under the same conditions applying to myself.

These conferences provide a unique opportunity to see demonstrated the latest advances in dentistry by eminent dental surgeons, not only from Britain but from all over the world, and I say without reservations that these demonstrations are of more value than many refresher courses.

Most of the large authorities including some of our neighbouring counties take advantage of this opportunity to increase the clinical skill and knowledge of their dental officers, and I am certain that the gain in efficiency and the goodwill engendered amongst the dental officer staff would amply repay the small cost involved.

May I express the hope that earnest consideration will be given to this important matter, particularly in view of the attitude of other employing authorities.

Statistical Information.—A perusal of the statistical tables shown on page 97 will make it evident that the service has suffered a setback as compared with 1957. The main items being as follows:—

	1958	1957
1. Number of expectant and nursing mothers examined	2,955	3,246
2. Number of expectant and nursing mothers treated	2,809	3,100
3. Number of fillings inserted	6,880	7,503
4. Number of teeth extracted	4,730	4,965
1. Number of children under 5 years examined	5,699	6,449
2. Number of children under 5 years treated	4,955	5,581
3. Number of conservations	13,273	15,917
4. Number of extractions	4,636	5,417
5. Ratio of conservations to extractions	2·86 to 1	2·94 to 1 "

CARE OF THE UNSUPPORTED MOTHER AND HER CHILD

To meet the special needs of these women and children the County Council provides residential accommodation in mother and baby homes and the services of almoners. These services are not delegated to the area health committees but are administered centrally as it is not practicable to break these services down to meet the needs of individual areas.

Prior to 5th July, 1948, this function was partly undertaken through the former Public Assistance Department, and the home at Hampton Wick established by that department was transferred in March, 1949, to a more suitable house in Ealing, which accommodates twenty-four patients; eleven post-natal (with babies) and thirteen ante-natal. Later in 1949 a post-natal hostel for twelve mothers and babies was opened in Willesden and rapidly proceeded to justify its provision. Full use continued to be made of homes provided by voluntary organisations, &c., especially the two in Hendon, one for ante-natal cases and one for post-natal, provided by the British Red Cross Society.

In 1954 the Council approved arrangements being made with the Hornsey Deanery Association, whereby the Council accepted responsibility for a guaranteed minimum number of eight beds for mothers and babies in the diocesan home at East Finchley. In addition, plans for the opening of a new home, by the County Council, were approved and the home, Red Gables, at Hornsey, accommodating three ante-natal and twelve post-natal mothers (with babies) was opened in December, 1954.

In June, 1956, the British Red Cross Society closed the two hostels in Golders Green. This meant a loss of 28 beds; 14 ante-natal beds and 14 post-natal beds and cots. This caused great difficulty in placements and greatly increased the work of the almoners. Many girls had to be admitted to voluntary and denominational homes at some distance outside the county. Fortunately suitable premises became available in Guilford House, Torrington Park, Southgate, and this home, consisting of two houses with accommodation for 14 ante-natal cases in one and 14 mothers with babies in the adjacent one, was opened in October, 1957.

Unmarried mothers are referred to the Council's special services almoner both by the Council's own staff and by moral welfare workers of all denominations. Admission to a mother and baby home is arranged at the appropriate time until suitable arrangements can be made for them. The importance of after-care work—of ensuring that proper and permanent arrangements are made for both mother and baby—is fully realised. This needs not only experience and far-sightedness on the part of the social worker and the staff of the mother and baby homes, but a knowledge of human nature and a certain detachment from sentimentality.

Close liaison with the Welfare Department is maintained in connection with the admission to homes of the homeless evicted woman, either pregnant or with a young infant.

In addition to the Council's own homes, use is also made of a number of homes belonging to other organisations both within the County and beyond its borders.

In consideration of the value of its work in this field an annual grant is made to the London Diocesan Council for Moral Welfare.

During the year 1958 there has been an increase of 133 cases admitted to mother and baby homes, making a total of 736. Of the total cases referred but not necessarily requiring admission to a home, one in nine have been married, and this proportion does not vary a great deal from year to year. These women often present rather special problems, both for themselves and for their families.

The other group which requires special mention is the under twenties, and the figures in Middlesex appear to bear out the latest national statistics, which show that there is an increase among young unmarried mothers. Of these 38 were under 16 at the time of referral—several still at school. The peak age is 18, and from then onwards there is a gradual decrease.

PERCENTAGE OF TOTAL NUMBER REFERRED IN THE YEAR 1958.

Age in years	
14	·7
15/19	38·0
20/24	39·4
25/30	12·7
30/34	4·9
35/39	2·8
40/44	1·3
45 and over	·2

Guilford House, the Council's home which was opened in November, 1957, is running very satisfactorily. It replaces the accommodation for unmarried mothers and their babies which was lost when British Red Cross Society's hostels in Golders Green were closed. The situation of finding places has therefore been greatly eased, but all four of the County's homes remain full except for short periods, and sometimes even now more places are required than are available. Some use is still made of voluntary homes in a number of instances.

The staffing of the County's homes presents some problems, since it is necessary to appoint reliable people even as attendants, who will be able to supervise the girls in their household tasks, and cover general supervision for short periods.

It has been felt that there was a need for night attendants in all County homes. Although the present staff are not precluded from night duty, the establishment makes it impracticable to spare more than one member of the staff from day duty. This would be necessary if every night is to be covered. At present the matrons and deputy matrons have to be called a great deal at night to arrange for the admission of girls into hospital in labour or to reassure any who may be unsettled. It is also highly desirable to have night supervision of babies and of the early morning feeds instead of leaving it to the mothers alone in a home where they are the responsibility of the County Council. The question of supplementary night staff needs to be considered. Two homes intend to try out having a part-time night attendant covering only some nights in the week.

During 1958 the social side of the work of caring for the mothers and babies has been ably carried out by the one full-time special services almoner,

assisted by four part-time almoners, making up the establishment of two whole-time assistants.

Co-operation with Kingsbury Maternity Hospital.—Since May, 1952, following a request from the Secretary of the Board of Governors of Charing Cross Hospital and with the approval of the County Council, the almoner's work at Kingsbury Maternity Hospital has been undertaken by the Council's Special Services Almoner and her staff. This work which at first occupied two sessions each week, was increased in November, 1955, to three sessions weekly. The arrangement is popular with patients, hospital staff and almoners and is in keeping with the policy of co-operation between all branches of the health services.

Other Provisions for Mothers and Young Children.—Arrangements for residential accommodation for mothers and young children are also made under both Section 22 and Section 28. That under Section 22 is for the admission of suitable cases of babies or mothers and babies for the re-establishment of breast feeding or other feeding difficulties. Under Section 28 recuperative holidays are arranged for both mothers and children under the age of five years.

Section 23

MIDWIFERY

Prior to the operation of the National Health Service Act the County Council was the local supervising authority for the administration of the Midwives Acts for the whole of the County with the exception of the boroughs of Ealing, Edmonton, Hendon, Heston and Isleworth, Tottenham, Twickenham and Willesden, and the urban districts of Enfield and Harrow. The effect of Section 23 of the National Health Service Act was to make the County Council the supervising authority for the purposes of Midwives Acts throughout the whole County. Sub-section 2 of Section 23 of the Act placed on the County Council the duty to secure that an adequate number of certified midwives was available throughout the County. This number must bear relationship to the number of hospital beds available for confinements.

Since the appointed day changes in the birth rate, shifting of the population and the desire on the part of many for hospital confinements has made the administration under this section difficult. Coupled with these fluctuating factors there is a serious shortage of qualified midwives applying for domiciliary, as well as for hospital, appointments.

In 1948 the number of midwives employed was sufficient to meet all reasonable demands. Domiciliary midwives were employed to serve the whole of the County except for the districts of Acton, Brentford and Chiswick, which were served on an agency basis by Queen Charlotte's Hospital. New techniques, however, which midwives were encouraged to adopt for their cases proved to be more time consuming. The report of the Working Party on midwives published in 1948 recommended that a midwife should book not more than 55 cases per annum. However the fall in the birth rate and consequential reduction in domiciliary confinements led to the position that, even with the reduced case load recommended by the Working Party, the Council had more midwives than were needed, and accordingly in 1950 it was decided

to reduce the excess staff by normal wastage. This resulted in the position being reached when sufficient staff were being employed to deal with the work on the basis of the recommended case load. However, the birth rate, which had been steadily falling since 1947, increased in 1956, 1957 and 1958, which made it necessary to recruit additional staff. This position was aggravated by the practice of certain maternity hospitals in discharging cases from hospital before the fourteenth day after confinement, since these cases require the attendance of a midwife on their return home. Difficulty is being experienced in recruitment of midwives, due partly to the national shortage of midwives and partly to shortage of housing accommodation. This has led to great difficulties in maintaining an adequate service in some areas.

In December, 1958, on the instructions of the Health Committee, a letter was sent by the Clerk of the County Council to all midwives in the service of the Council expressing appreciation of their devotion to duty and their maintenance of high standards during periods of difficulty through shortage of staff.

It is essential to do everything possible to assist in getting more midwives trained, and the County Council provides facilities for the district training of pupil midwives for Part II of the Central Midwives Board certificate. During 1958, 132 pupil midwives were dealt with under this scheme. There is difficulty in maintaining this number because of shortage of midwife teachers, whilst some of those who are approved as teachers have not been able to take pupils regularly because of lack of suitable accommodation.

Increased use is made of trilene analgesia. The use of this form of analgesia by midwives was first approved by the Central Midwives Board in 1955, and was subject to the midwives having had training in its administration and using the approved apparatus. Arrangements were made for all the Council's midwives and supervisors to attend the Post-graduate Hospital, Hammersmith, for appropriate training. In the first instance approval was given to the purchase of one apparatus for each of the ten health areas and, following reports of satisfactory use, this number has been increased to a total of eight for each area, subject to some of them being obtained as replacements of existing gas and air apparatus as and when necessary.

Following the issue in 1956 by the Ministry of Health of a memorandum on ante-natal care special local liaison committees met in 1956 and 1957. These committees consisted of professional representatives of the local health authority, the general practitioners and the hospital consultants, and discussed an advisory memorandum on ante-natal care which had been prepared by the Standing Maternity and Midwifery Advisory Committee of the Central Health Services Council. The meetings were all cordial, but the general impression from them all was that hospital staffs have little or no knowledge of the work of the local health authority and its staff. It is disappointing that the only practical result of these meetings was a scheme covering the area of Chase Farm Hospital involving close co-operation between the three branches of the Maternity Service and the joint use by all concerned in that area of an agreed obstetrical record. It may well be that the restricted outlook of the hospital staff accounts for their lack of discrimination in the booking of maternity cases leaving no margin of accommodation for late emergencies, whether of medical or social origin.

During 1958 the number of domiciliary births was 7,965, an increase of 538 from the number in the previous year. Further statistics of the Midwifery Service will be found in Tables 31 and 32 on pages 101 to 104.

As from 1st January, 1958, the rules of the Central Midwives Board require that midwives shall not practice unless they have attended an approved refresher course within the past five years. To comply with this rule twenty-four of the Council's staff of midwives attended appropriate courses arranged by the Royal College of Midwives during 1958. In addition two of the area non-medical supervisors of midwives attended the refresher course arranged by the Association of Supervisors of Midwives.

A national survey on perinatal mortality was carried out under the auspices of the National Birthday Trust Fund. The survey consisted of a very detailed enquiry into all the circumstances surrounding the pregnancy, birth and first weeks of life of all babies born during the week 3rd to 9th March, 1958, and on every still birth and neonatal death during the three months of March, April and May. Two meetings were arranged for medical and non-medical supervisors of midwives in February at which Dr. Neville Butler, who was in charge of the survey, explained its purpose and details of the forms and information required. The survey is expected to provide valuable information on many aspects, but the results are not expected until at least the end of 1959. The completing of the forms entailed a good deal of work by midwives and medical and non-medical supervisors who checked them. The number of babies in the survey in Middlesex was 509 live births, 137 still births, 87 neonatal deaths, making a total of 733.

Section 24

HEALTH VISITING

This section of the Act makes it the duty of the local health authority to make provision in their area for the visiting of persons in their homes by visitors, to be called " health visitors," for the purpose of giving advice as to the care of young children, persons suffering from illness and expectant and nursing mothers, and as to the measures necessary to prevent the spread of infection. These duties can be discharged by making arrangements with voluntary organisations for the employment of health visitors, but the County Council decided to employ staff themselves and that these health visitors should also carry out the duties of school nurses. So far as home visiting of tuberculous cases are concerned, it was decided to employ special visitors and these are dealt with in the scheme under Section 28 of the Act.

In the Development Plan included in the Council's proposals and approved by the Minister of Health, it was envisaged that a total of some 370 whole-time health visitors would be needed to meet the Middlesex needs on the basis of 1 to 6,000 population. On the appointed day for the operation of the Act the actual staff was considerably below this figure, and at the end of 1948 it fell short of it by over 100. The deficiency was made up to a degree by the temporary employment of clinic nurses and health assistants who were able to relieve the health visitor of some of the less exacting duties in clinics and schools. In addition to the work placed upon health visitors by the National

Health Service Act, they had to deal with the work of child life protection. This work has since been transferred to the Children's Department.

Throughout the years since 1948 carrying out the full duties of health visitors has been handicapped by staff shortages. The scope of their work has increased steadily because of the addition of visits to elderly persons requiring advice and assistance and the after-care of adult hospital patients. The duties of a health visitor are no longer restricted to the needs of mothers and young children.

The number of health visitors in the County increased by eight during 1958.

The difficulty in recruitment has resulted in selective home visiting of children above six months, rather than visiting of a routine nature. It has not been possible at any time since the appointed day to implement the approved establishment of one health visitor for every 6,000 population. A recommendation by the Working Party on health visiting stated that there should be one health visitor for every 4,300 population. The employment of clinic nurses for the less exacting duties in clinics and schools has continued. The present plentiful supply of poliomyelitis vaccine and the greatly increased number of sessions arranged for immunisation has again added to the duties of health visitors.

In spite of these shortages two experimental schemes involving health visitors have been implemented. In Health Area No. 3 two specialist health visitors are working a scheme to assist problem families. In Health Area No. 6 three health visitors are co-operating with local hospitals in the provision of special domiciliary care for diabetics.

To stimulate recruitment plans were made in 1950, after consultation between the Health and Education Committees, for the establishment of a training scheme for this category of staff at Chiswick Polytechnic. A tutor was appointed in 1950 and 17 students attended the first course which began in January, 1951. These courses have continued since that date. Middlesex residents receive financial assistance under the Major Awards Scheme operated by the Education Committee.

The shortage of health visitors continued to cause anxiety, and towards the end of 1954 approval was obtained to a scheme of sponsored students. By this scheme, which has been carried on successfully at Chiswick in conjunction with the earlier scheme, areas are able to recruit student health visitors on a salary basis with a contract of two years service after training.

Nineteen student health visitors were given training at Chiswick Polytechnic during 1958. Of these, 16 were sponsored, and have since been given appointments in the County.

An experimental four-year integrated nursing course at Battersea Polytechnic began in 1958. The aim of this course is to give the student nurse a full basic nursing course, combined with the equivalent of the first part of the Central Midwives Board training, and also enable her to take the Health Visitor Certificate of the Royal Society for the Promotion of Health to qualify her as a health visitor. She is then able to choose which field of nursing she prefers to enter. Overlapping of certain lectures and parts of training is

avoided as much as possible. The course is an intensive one, and the entrance qualification for it is a pass in two subjects at advanced level in the G.C.E. examination. The practical health visiting experience amounting to 6–7 days during the first three years and 24 weeks during the fourth year was undertaken by the London County Council in 1957–58. A request was made in May, 1958, for Middlesex County Council to train the second year's intake of student nurses. This was approved by the Health Committee on 2nd December, 1958. Although the increasing number of health visitor and other students makes heavy demands upon the time of the staff in the field, they have given maximum co-operation realising that satisfactory recruitment to the nursing services is of the greatest importance.

The plans for an integrated scheme of training on the same lines as that of the Battersea course have gone ahead in conjunction with the Central Middlesex Hospital. Some difficulty is likely to be experienced in the hospital part of the training in releasing students for their lectures at the Polytechnic in times of shortage of staff in the wards. The entry qualification for this course is a pass in three subjects at ordinary level of the general certificate of education, not as at Battersea, two subjects at advanced level.

Arrangements are made for the health visitors periodically to attend refresher courses. During 1958 a total of 30 attended the courses arranged by the Royal College of Nursing and the Women Public Health Officers' Association. In addition two health visitors attended courses organised by this association on modern educational methods in health education.

The need for full co-operation between health visitors and general medical practitioners is fully recognised by the County Council and a number of " at home " sessions were held at clinics. These were not well attended by general practitioners and had to be discontinued. Reliance is now placed on more personal contacts between the health visitors and general practitioners, and on discussion at the various liaison committees mentioned earlier in this report. Liaison is also maintained with hospitals through the almoners, and at the Cassel Hospital for Nervous Disorders health visitors take part in case conferences on the social aspects of patients' health.

Section 25

Home Nursing

The National Health Service Act placed a duty on local health authorities to make provision for securing the attendance of nurses on persons who require nursing in their own homes. Prior to the operation of the Act local authorities had only very limited powers to provide such a service, and in the main the home nursing service had been provided by voluntary district nursing associations, the majority of which were affiliated to the Queen's Institute of District Nursing. In Middlesex some fifty associations were operating in 1948, and the training and regular inspection by the Queen's Institute ensured a high standard of work and the Institute formed a link between the individual associations.

The County Council decided to carry out its duties under the Act by itself employing home nurses and direct employment was offered to all the staff of the voluntary associations. In the majority of cases this offer was

accepted, but pending clarification of the position with regard to status of Queen's nurses after appointment to the County Council's service, arrangements were made for three voluntary associations to continue to employ nurses as agents of the County Council. In 1949 the Council decided to apply for membership of the Queen's Institute and the temporary agency arrangements gradually finished so that in 1954 all staff were directly employed by the County Council.

In its proposals for implementing this section of the Act the County Council envisaged that 300 whole-time nurses would be needed. At the end of 1948 there was only the equivalent of 195 whole-time staff available and accordingly recruitment of part-time staff was encouraged, whilst State enrolled assistant nurses were also employed to undertake the less skilled nursing duties working under the supervision of the State registered nurses. The total number of staff increased year by year, as did the amount of work required to be carried out by the Service, and in 1955 the County Council agreed to increase the approved establishment to 310. At the end of 1958 the actual staff employed was equivalent to 292 whole-time. These staff are under the control of the area medical officers and there is an officer in each area holding the joint appointment of supervisor of midwives and superintendent of home nurses.

The provision of a training scheme is an important aid to maintaining the full establishment of staff. In 1948 the only district nurse training school in Middlesex was provided by the Willesden District Nursing Association, and this was continued in operation by the Association until it was taken over by the County Council in 1954. In recent years, however, it has been difficult to recruit students for the training course, and a proportion of those that were recruited preferred to be non-resident. This resulted in the cost of maintaining the residential school to be so uneconomic that it was closed down in August, 1958. Similar difficulties in recruiting students in 1950 had resulted in the abandonment of a scheme to provide a training scheme in Edmonton. It is hoped to commence a non-resident training school later.

The report of the Working Party set up by the Minister of Health to consider the training of district nurses was published in 1955. As a result of this report the Minister in 1957 set up a committee to advise him on matters relating to district nurse training and in particular on the approval of schemes relating to such training and examinations submitted by local health authorities. The Minister expects to be able, on the advice of the Committee, to provide guidance to local health authorities on the preparation of schemes of training. This advice is still awaited.

Arrangements are made for staff periodically to attend refresher courses, and during 1958 52 nurses attended such courses arranged by the Queen's Institute of District Nursing and the Royal College of Nursing.

The difficulty of obtaining students for residential courses applies also to the recruitment of trained staff for residential posts. It appears that in Middlesex nurses prefer to choose their own accommodation, rather than live a community life in a nurses' home and this has forced the County Council to close a number of residential nurses' homes. This in turn established the need for some centre in each area where nurses could gather for the purpose of sterilis-

ing instruments, preparing equipment, discussing cases and fostering a good team spirit. This need has also been mentioned in a report received from the Queen's Institute of District Nursing which recommended the provision of " district rooms " to meet this need, and this matter is still under consideration. The interest in district rooms shown by the different health areas varies considerably, but this is really not surprising in view of the complicated structure of Middlesex. The value of a district room as such is appreciated by all, but where its provision and use by nurses would result in wastage of their time in travelling to it, provision would have serious objections. The use of the telephone as a means of communication between nurse and doctor and/or hospital, the necessary sterilisation which is undertaken at the patient's home and the opportunities which arise for groups of nurses to meet and discuss cases, even during their normal work, might appear to make the need for district rooms doubtful. On the other hand, changing techniques and use of new drugs and equipment is an argument for their provision, and their use is strongly recommended by the Queen's Institute of District Nursing.

The demands made on the service, as shown by the number of cases attended and the number of visits made, increased year by year till 1955, but there has been a slight decrease since.

Year	*No. of cases attended*	*No. of visits*
1949	31,595	630,353
1955	41,275	978,797
1958	35,128	897,972

The figures of cases and visits do not, however, tell the whole story as during the past ten years there have been changes in the type of work carried out. In the early years a large number of cases were visited for the purpose of giving injections, but this aspect of the work has been declining whilst attendance to old people being nursed at home has increased until 65 per cent. of visits are now made to patients over the age of 65 years.

This large number of elderly chronic sick has given rise to the need for improved techniques of lifting by the district nurses. In this connection approval has been given to the purchase of one " EASI-CARRI " hoist in each area. With this apparatus a patient may be moved from bed to chair, &c., by one nurse.

Education in correct postures for lifting patients in bed and helping them in and out of chairs and beds is being given throughout the county by means of two films—" Lifting patients in hospital "; " Lifting patients at home ".

Since the number of hospital beds, especially for the elderly and chronic sick, is limited it is important that the home nurses should be available to give all necessary nursing help required in the patients own homes and that every possible help should be given to them to do their work efficiently. It is undoubtedly true that a considerable number of cases attended by the home nurse would otherwise need to be admitted to hospital or remain there longer.

There is very close co-operation between the general medical practitioner and the home nurse throughout the county.

Section 26

VACCINATION AND IMMUNISATION

This section of the Act places a duty on local health authorities to make arrangements for vaccination against smallpox and immunisation against diphtheria. In addition local health authorities may, with the approval of the Minister of Health, and if directed by the Minister, shall, make similar arrangements for vaccination or immunisation against any other disease.

To implement this section vaccination and immunisation is carried out by the Council's own medical staff, and in accordance with sub-section (3) general medical practitioners have been invited to participate in the service. It is estimated that over the county as a whole the general medical practitioners do approximately 50 per cent. of the work, but there is considerable variation from area to area. A fee of 5*s*. is paid by the County Council to general medical practitioners for each record of completed inoculation.

In 1948 the service dealt only with vaccination against smallpox and immunisation against diphtheria over the whole county. Immunisation against whooping cough was provided in parts of the county only in connection with the investigation undertaken by the Medical Research Council. During 1951 the M.R.C. reported that immunisation with various types of antigen confers a considerable degree of protection against whooping cough and the County Council extended its arrangements for immunisation against whooping cough over the whole county. As result of investigations made by a committee of the Medical Research Council it was shown that the use of combined vaccines against diphtheria and whooping cough carried a slight risk of provoking an attack of poliomyelitis. As a result it was decided in 1957 to revise the programme of inoculations using single purpose vaccines which increased the number of injections needed.

It is hoped that further investigations being undertaken by the Medical Research Council will lead to the provision of suitable combined antigens which will allow a reduced number of injections with safety.

Poliomyelitis has received much publicity in recent years and immunisation against this disease was started in 1956. Owing to the shortage of supplies of vaccine the scheme was restricted in the first instance to children born between 1947 and 1954. As supplies of vaccine became more plentiful the Minister of Health approved the extension of the scheme and vaccination against poliomyelitis is now available to:—

1. Persons who have reached the age of 6 months and are under 26 years;
2. Expectant mothers;
3. General medical practitioners and their families;
4. Hospital staff who come into contact with patients, medical students and the families of these groups;
5. Staff of nursing homes and their families as for hospital staff;
6. Local authority ambulance personnel and their families.

Authority has also been obtained to provide immunisation against tetanus, but this at present is being provided only when specially requested by parents.

Further information regarding vaccination and immunisation, with special reference to 1958, will be found in the section dealing with infectious diseases on pages 11 to 13.

Section 27

AMBULANCE SERVICE

Although the concurrence of the Health Committee must be obtained in any decisions relating to the peace-time ambulance service policy, development, &c., the day-to-day management of the service is carried out by the Chief Officer of the Fire and Ambulance Service under the direction of the Fire Brigade Committee.

The following statement on the operation of the peace-time ambulance service for the year ended 31st December, 1958, has been prepared by Mr. A. Wooder, C.B.E., L.I.Fire E., Chief Officer of the Fire and Ambulance Service.

" *Demands on the Ambulance Service.*—For the first time for five years, the number of patients carried during the year has shown an increase. In 1958, 798,221 patients were carried, 39,206 more than in 1957 when the total was 759,015. It will be seen from the table below that the increase in the traffic was significant during April, May and June, which were the three months in which the London bus strike persisted.

In my reports for previous years, I have commented on the fact that the directly provided service is handling a proportion of the total weight of traffic which is progressively greater each year. This is again the position in the year now under review for of the 39,206 additional patients, no less than 34,808 or 89 per cent., were carried by the vehicles which are provided and manned by the County Council, leaving only 4,398 additional cases to be handled by the Supplementary Services.

This distribution of patients between the directly provided and the supplementary services has had an interesting effect on the mileage undertaken by the vehicles. Notwithstanding the considerable increase in the number of patients who travelled in the vehicles provided by the County Council, those vehicles ran 15,276 less miles than in 1957. On the other hand, the 4,398 additional cases which were passed to the Supplementary Services occasioned an increased mileage for the vehicles of those Services of 20,398. These figures, whilst in themselves a tribute to the careful planning and co-ordination of patients' journeys which is carried out within the Headquarters and Depot control rooms, must not be regarded in any way as an adverse reflection on the Supplementary Services. No less than 15,198 of the extra miles run by those Services is accounted for by mental cases transported by Authorised Officers, whose journeys are of course conditioned entirely by the needs of their patients.

Details of the number of patients carried, together with the corresponding information in respect of the previous year are as follows:—

	Patients Carried	
	1958.	1957
January	67,544	69,517
February	61,523	62,850
March	66,486	66,180
April	64,061	61,863
May	76,836	69,293
June	72,280	57,159
July	68,323	64,724
August..	59,704	58,246
September	65,176	60,114
October	71,200	67,335
November	63,085	64,924
December	62,003	56,810
	798,221	759,015

Vehicle Replacement Programme.—During 1958, further progress was made in the modernisation programme of the ambulance fleet. Delivery of fifteen Dennis diesel ambulances, from a contract placed in 1957, was taken during 1958 and another contract was entered into for a further twenty, delivery of which will be made before the end of the 1958–59 financial year. This will bring the total of Dennis diesel ambulances in commission to 58 and leave only five vehicles in service which were built in 1949–50 on chassis which had seen war-time operations.

The calendar year 1958 also saw the acquisition of the first three replacement sitting case coaches, each having a body built to the County Council's specification. These will render redundant a similar number of coaches which were constructed in 1949 also on war-time chassis. Finally, during the year a diesel taxi-type vehicle was added to the fleet as a prototype, from which experience could be gained in anticipation of the need eventually to replace sitting case cars now in commission.

Transport of Patients by Rail.—During the year, the number of patients who were conveyed, under ambulance conditions, by railway was 969, compared with 704 during the previous year. The railway authorities have again given their whole-hearted co-operation to the Service in effecting these removals and in providing a comfortable and speedy method of transport for those patients who need to travel over long distances.

Mutual Assistance.—The arrangements which the Service has with the ambulance services of neighbouring health authorities continue to operate satisfactorily.

London Airport.—A considerable number of patients requiring ambulance transport continue to arrive at London Airport and I have in my previous reports commented on the assistance which I have received from the Airport Medical Officer and his staff in handling them. During the year under review Dr. Bullen, to whom the Service owed so much in this respect, has retired from the position of Airport Medical Officer but I am happy to say that already the most cordial relationship exists with his successor, Dr. P. R. Cooper.

Civil Defence Ambulance Service.—During the year, twenty-four ambulances became redundant to the needs of the peace time Service. The Civil Defence Corps in Middlesex was not in need of any replacement vehicles for its training fleet but the Surrey Corps purchased seven from the Service and the East Sussex Corps purchased one. The remaining sixteen vehicles which were either of a type not suitable for conversion for Civil Defence Corps requirements or were in poor condition mechanically or as a result of accident, were disposed of at auction.

Ambulance Service Efficiency Competitions.—The annual efficiency competitions were held again in both the accident and sick removal branches of the Service. The Cleland Trophy was won by the Southgate Accident Ambulance Station and the Baines Trophy was awarded to the Kingsbury Sick Removal Depot. Once again these competitions have assisted materially in maintaining and improving standards.

Conclusion.—During the year under review the County Council has decided to separate the County Ambulance Service, which has been my responsibility since its creation nearly eleven years ago, from the County Fire Service. This decision will have effect from 1st April, 1959, when the control of the Ambulance Service will pass to the Health Committee with the County Medical Officer as the responsible officer.

This current report is, therefore, the last which I shall make and to my tribute to the Chairman and members of the Fire Brigade and Health Committees and the Chief Officers and staff of the other County Council departments for their support and understanding, I add a word of farewell and appreciation to the officers and men of the Ambulance Service who have so loyally co-operated with me in serving the sick and injured in Middlesex since 5th July, 1948. To my own staff, once again I extend my thanks for their loyal support and endeavours.

Finally, the County Fire Service is proud to have had the opportunity of contributing to the establishment of the County Ambulance Service on its present firm foundation."

Section 28

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Under this section local health authorities may with the approval of the Minister of Health, and to such extent as the Minister may direct shall, make arrangements for the purpose of the prevention of illness, the care of persons suffering from illness or mental defectiveness, or the after-care of such persons. The Minister has directed that arrangements shall be made for the purpose of preventing tuberculosis and for the care and after-care of persons suffering from tuberculosis.

The proposals of the County Council as approved by the Minister in 1948 provided for services covering tuberculosis, mental health, epilepsy, venereal disease, foot clinics, recuperative holidays, loan of nursing equipment and health education, &c. Amendments have been made from time to time extending these schemes by providing for B.C.G. vaccination against tuber-

culosis, considerable extensions to the services for patients suffering from mental illness or mental deficiency, for dealing with problem families and an experiment for providing a special clinic for the elderly. Details of each of these services are set out below but for convenience the services provided in regard to mental health are dealt with under Section 51 later in this report.

TUBERCULOSIS.—The arrangements providing for the care and after-care of persons suffering from tuberculosis have continued with little change throughout the year. The statistical tables relating to tuberculosis are shown on pages 90 and 91.

The overall plan to deal with tuberculosis appears at first sight somewhat complex mainly because of the number of persons and official bodies concerned with the tuberculous patient and his family. Firstly, there is the general practitioner who has a responsibility for his patient as personal medical attendant. Secondly, there are the regional hospital boards, which provide the necessary specialist staff and facilities for diagnosis and treatment in clinics or hospitals. Thirdly, there are, apart from the local health authority many statutory bodies, *e.g.*, the National Assistance Board, housing authorities, Ministry of Labour and local sanitary authorities who have important parts to play in dealing with the many problems that may affect the family where a member has unfortunately developed a chronic infectious illness such as tuberculosis. Finally, there is a host of voluntary bodies doing extremely good work, filling gaps in the services provided by the welfare state.

In Middlesex the Council's arrangements provide for all the facilities that are available for the after-care of patients being used to their fullest extent.

The chest clinic with the physician-in-charge is the focal point. The physician is employed by the regional hospital board and is a consultant in diseases of the chest. Although primarily a clinician concerned with diagnosis and treatment, he is fully aware that the prevention of the disease on the one hand and the after-care of patients on the other cannot be divorced from treatment. For this reason the physician at each chest clinic is responsible for the general supervision of the Council's scheme to promote the after-care of patients. Experience has shown that this arrangement works smoothly and is effective, despite the division of responsibility between the regional hospital board and the local health authority. To promote smooth working in the chest clinic the staff of the local health authority come under the direct control of the physician for the day-to-day administration and for all routine duties, relating to the management and after-care of the patients.

Home Visiting.—The number of tuberculosis visitors on the staff of the County Council is now 41 and they are employed full time on work connected with tuberculosis. In addition to home visiting they undertake duties at the chest clinics and act as clinic sisters at diagnostic and treatment sessions. During 1958 they made 43,121 successful visits to the homes of patients and advised on prevention of the spread of infection and of arrangements for care and after-care. At the same time they carry out investigation and supervision of contacts.

Welfare.—Each chest clinic has a welfare department which deals with the many financial and social problems that may arise where chronic disease

occurs in a household. The County Council employs a staff of 14 trained and experienced medico-social workers, who are designated tuberculosis welfare officers. The place of the medico-social worker is now firmly established in the field of tuberculosis. Her help is most valuable in connection with any arrangements for the prevention and after-care of persons suffering from illness and this is especially the case with tuberculosis, by reason of the fact that the disease has such far-reaching effects on the whole family.

The scope of the work of the welfare officer is very wide, and it is part of her duties to administer the Council's services for the provision of clothing, beds and bedding, extra nourishment, garden shelters, sputum flasks and disinfectant, &c., as well as helping the patients by contacting appropriate local authorities regarding housing and other official and voluntary bodies to secure such help as is available to meet financial needs, employment, &c.

As the picture changes in relation to tuberculosis, it has a direct effect on the scope of the welfare officer's duties dealing with the varied social aspects of this disease. However, as the chest clinics are now becoming more used for the diagnosis and treatment of non-tuberculous diseases, so it has been found that many more patients suffering from such conditions as chronic bronchitis and lung cancer can be helped considerably by advice and guidance from the welfare officers at the chest clinic. More and more of these cases are therefore being referred by the physicians as a routine to the welfare officer whose work in this field is likely to extend. The help she can give to these patients and their families is much appreciated and has an indirect but beneficial effect in helping patients and their families to cope with the problems that go hand in hand with chronic illness.

Occupational Therapy.—The Council employs five occupational therapists and handicraft instructors who visit patients in their own homes and also hold classes at some of the chest clinics or in nearby premises. They give guidance and training in a wide range of handicrafts to selected patients. Materials are supplied to patients through the Council's supplies department at cost price plus 10 per cent. handling charge. Occupational therapy is the first stage in rehabilitation of the patient.

Rehabilitation.—The needs of the various patients are met in three ways:—

(*a*) Through full-time training provided by the Ministry of Labour at their training centres.

(*b*) By admission of selected patients to colonies such as Papworth, Preston Hall and Enham–Alamein Village Settlement. The number of patients maintained by the County Council during the year at these colonies was 14.

(*c*) By providing training and subsequently employment under sheltered conditions at the council's own workshop at Tottenham.

Hostels for Tuberculous Cases.—The Council has provided one hostel for homeless tuberculous men at Twickenham with accommodation for 16 residents.

Vaccination against Tuberculosis.—The Council amended its original scheme in 1950 to provide for vaccination with B.C.G. of certain persons exposed to the risk of infection. Later the Council participated in the Medical Research

Council's investigation of the degree of protection against tuberculosis given by B.C.G. to school leavers. As result of this investigation the scheme was subsequently extended to cover all school children aged 13. A total of 14,901 persons were vaccinated during 1958.

Other diseases dealt with at Chest Clinics.—The existing chest clinic services which have been developed over the past forty years to their present high standard were originally founded to deal solely with the problem of tuberculosis and, while they are still concerned mainly with patients suffering from this disease, the present trend is for this service to enlarge its scope to include all other diseases of the chest. The present comprehensive tuberculosis service is ideally suited and developed to deal with the diagnosis, treatment, care and after-care, and epidemiological investigations of all chest diseases. In the light of the changing pattern of tuberculosis and the need to develop a socio-medical service for other diseases, it will become necessary in the course of the next few years for local health authorities to consider to what extent its schemes under Section 28 of the National Health Service Act, 1946, should be amended and developed to meet the new needs.

RECUPERATIVE HOLIDAY HOMES.—During the year the County Council accepted financial liability for the maintenance of 1,581 persons in recuperative holiday homes; 1,287 were admitted to such homes; of the remainder 270 applications were cancelled or withdrawn and 24 were outstanding as at 31st December, 1958. Of the cases admitted, 1,042 were adults, 86 were children under school age, and 157 were mental defectives sent to St. Mary's Bay Holiday Camp. The remaining two were mental defectives for whom short-term care was provided in cases of urgency, such as illness of a member of the family, the mother being in urgent need of a holiday, etc. In addition 17 cases referred in the previous year were admitted to recuperative homes. Children of school age were dealt with under Education Act powers.

To prevent abuse of this service it was decided that save in exceptional circumstances recommendations would only be considered in respect of patients recovering from recent illness and requiring only rest, fresh air and good food to complete treatment.

Applications were received from the following sources:—

Source	*No. of Cases*
Hospitals	482
General Practitioners	649
Chest Clinics	209
Others (Local Health Authority's medical staff, etc.)	84
M.D. Children admitted to holiday camp	157
	1,581

LOAN OF NURSING EQUIPMENT.—Following the approval of the Minister of Health of the County Council's amended proposal under Section 28 of the National Health Service Act, 1946, for a scheme for the loan of nursing equipment through the agency of voluntary organisations, arrangements were made for the Middlesex Branch of the British Red Cross Society to operate the

scheme on behalf of the County Council from the 1st November, 1951. During the year 15,501 loans of articles of nursing equipment were made to patients.

Chiropody.—In addition to the service provided under Section 22 of the National Health Service Act, 1946, the chiropody services provided in Edmonton and in Brentford and Chiswick, which were established before the National Health Service Act, also operate under Section 28 of that Act. These facilities are provided mainly for the elderly, for whom chiropody is an important service. The number of cases treated at Edmonton was 1,118, the total number of attendances being 3,420. At Brentford and Chiswick 119 cases were treated and the total number of attendances was 671.

During the year the Council made grants of £50 to the Harrow–Northwood Division of the British Red Cross Society and £10 to the Salvation Army Free Foot Clinic, Wembley. Other voluntary organisations receive grants from the Sunday Entertainments Fund towards the cost of the services they provide which may include chiropody treatment. Facilities are afforded in certain areas for chiropody sessions to be held by voluntary organisations on County Council clinic premises free of charge.

The chiropody services which the County Council has been permitted to provide under Section 28 of the National Health Service Act, 1946, are far from adequate, as the Minister of Health having given approval only to the continuation of the arrangements which were in operation on the 5th July, 1948, has not been able, since that time, to give approval to proposals to extend these services in view of the limitation imposed by the Government on expenditure under the National Health Service Act.

This lack of chiropody facilities has been partly overcome by the efforts of various voluntary organisations which provide a chiropody service for the elderly in many parts of the county. These services have developed remarkably over the past few years and could provide a firm basis for the further development of the chiropody service.

VENEREAL DISEASES.—With the coming into operation of the National Health Service Act, 1946, responsibility for the treatment of venereal disease was transferred from the County Council to the Regional Hospital Boards.

The County Council, however, continued to be concerned within the scope of their arrangements under Section 28 in co-operating with the work of the venereal disease treatment clinics as regards following up persons under treatment or known or believed to be sources of infection. In this connection the County Council's almoner staff attend venereal disease clinics at hospitals within the County and are utilised for the purpose of tracing contacts and following up defaulters. The almoners, under the direction of the medical officers in charge of venereal disease clinics in Middlesex, assist patients attending the clinics in meeting any social problems with which they are faced.

Although the number of Middlesex patients attending for the first time clinics in hospitals has decreased since 1948, it is impossible, in the absence of compulsory notification, to form any estimate of the real incidence of venereal disease in the community particularly since modern methods of antibiotic treatment and chemotherapy can be undertaken by experienced general practitioners. No information as to the numbers so treated is available.

PROBLEM FAMILIES.—The Ministry of Health issued a circular in 1954, No. 27/54, asking local health authorities to consider what could be done to prevent the break-up of families, and also regarding the health of children in problem families. Following its receipt, the County Council approved, pending consideration of a detailed scheme, an amendment to its proposals to enable arrangements to be made directly or through private bodies or organisations to assist in the prevention of break-up of families or in their rehabilitation. This modification was approved by the Minister. The best methods of providing this service are still being explored. In Area 3 an experimental scheme is operating whereby two special health visitors undertake the care of problem families and their efforts have shown some very worthwhile results, but it must be borne in mind that final results from such work must necessarily be assessed over years rather than months. Unfortunately, one of the two health visitors resigned near the end of the year and had not been replaced at its close.

In Area 6 arrangements have been made with the Family Service Units to provide specially trained staff to undertake the needs of problem families in that area. The County Council makes a grant to the Unit to cover the cost of providing the staff.

In other areas the health visiting staff are doing what they can to assist.

SPECIAL CLINIC FOR THE ELDERLY.—In Area 10 consideration was given in 1956 to the setting up of a special clinic for the elderly as an experimental pilot scheme for one year in the first place, at which elderly persons could be medically examined and given general advice and health education. It was envisaged that the function of the clinic would be to provide elderly people with facilities for consultation with a medical officer to provide medical checks, and to give advice on diet, clothing, household budgeting and kindred matters. If medical or dental treatment was required it was intended that the patients should be referred to their general medical or dental practitioner. It was not proposed to carry out any elaborate investigations on patients. The first session was held in June, 1958.

HEALTH EDUCATION

The Chief Medical Officer to the Ministry of Health has stated that knowledge of preventive medicine and the ways of personal hygiene must become a common property of the people, it must arouse the attention of the people and create a desire to know and act on knowledge. The challenge of presenting such education and encouraging a population in Middlesex of some $2\frac{1}{4}$ million people is a formidable one but already the results show that the work is both possible and rewarding.

During the short time that the health education officer has been working in this County it has become even more apparent than it was before, that without the services of public health and preventive medicine the great bulk of the population have no one to whom they can readily turn for the sympathetic consideration of their many personal problems and that the services of the County Council health staff save many from a sense of real isolation.

Cancer Education.—Prior to the appointment of the health education officer discussions had taken place with the Central Middlesex Medical Liaison

Committee about cancer education and, since then there have been a number of meetings of that body which the health education officer has attended.

During the year the North West Metropolitan Regional Hospital Board appointed a cancer registrar to work with the Central Middlesex Hospital and talks have already taken place between this officer, the liaison committee and the health education officer.

During the year the health education officer was also able to meet the general practitioner members of the British Medical Association in the Willesden area and explain the work that he is undertaking in Middlesex with particular reference to his approach to the proposed scheme of cancer education in their area, and general approval of the plans was expressed.

In order that as many of the medical and nursing staff of the County as possible be brought up to date on the medical aspects of cancer and their bearing on cancer education the Director of the Central Council for Health Education, Dr. A. J. Dalzell Ward was approached and arrangements made for him to lecture on three successive occasions. These meetings were held in the Council Chamber of the Middlesex Guildhall on three Friday afternoons, each time to an audience of over 100 staff. They were appreciated by all who attended. Up to the present, however, it has not been possible to launch a full scale campaign on cancer education in the area owing to the heavy pressure upon the time of the health education officer resulting from the claims of the many other aspects of health education which demand his attention.

Smoking and Lung Cancer.—It will be recalled that consistently in these annual reports the connection which is believed to be present between smoking and cancer of the lung has been emphasised. Various means of bringing this matter to the attention of young people have been undertaken. In addition the Health Committee, in consultation with the Education Committee, and also the Joint Consultative Committee for Primary and Secondary Education has agreed that the health education officer should undertake some research into this matter in schools in different parts of the County.

The scheme adopted was for the health education officer to visit different schools in selected areas of the County and talk to children and young people from the age of 9 upwards and to find out what methods would appeal to them in bringing home forcibly the believed relationship between heavy smoking and the possibility of later cancer of the lung.

During the year an interim report was presented to the Joint Consultative Committee for Primary and Secondary Education and the full investigation is expected to be completed next year.

The method of research adopted was as follows:—

> After contact had been made with the appropriate education officer, heads of schools were visited to put them into the picture. Later the health education officer held discussions with the appropriate forms after they had been briefed by the headmaster or headmistress, to the effect that they now had an opportunity to take part in a research project which might, at a future time, confer great benefit on other young people. It was pointed out that in all scientific research the quest was for the truth and therefore they were asked to speak frankly and honestly. At the time

of discussion the health education officer took with him a tape recorder. The keenest interest in the discussion was displayed in every form from the youngest to the oldest, and the tape is evidence that at no time were the answers obtained as the result of leading questions on the part of the health education officer.

The following were some of the questions asked:—

How many of the class smoked?

What quantity did they smoke a week?

From what source did they obtain their cigarettes?

If bought by themselves from what source was money obtained, *e.g.*, pocket money, Saturday work, etc.?

To those who smoked:—

Why did they smoke?

When did they start to smoke?

Did they feel it was a habit?

To those who did not smoke:—

Why did they not smoke?

Had they ever smoked?

Had they heard of any connection between smoking and an illness called cancer?

Did they know anything at all about this illness?

Would anything induce them to give up smoking if they already smoked? If so what things, *e.g.*, prohibition by parents, advice from teachers, girl friend's displeasure, fear of cancer, lack of money?

Another factor to find out about, was what part did example play in smoking, *e.g.*, if a teacher or headmaster suggested to his class that smoking was not a good thing though he himself continued to smoke would this fact react unfavourably on the children? Or if parents suggested to children they should not start to smoke but still smoked themselves what reaction did this bring? If a situation were reached in a group to which they belonged that smoking was not the thing to be done, would that group decision exert any influence? Advertisements on T.V. Were they seen? Did they exert any influence?

In what way at school could information best be put over to them which would have the effect of stopping them smoking, for example, talks on the subject by school staff or outside doctors or health visitors or myself? Would posters on display mean anything, would they read leaflets distributed, what sort of poster, in what sort of design, would persuade them?

Would a film show at school be a good thing to prevent them smoking if so what sort of film should it be?

Here three suggested scripts and their treatment were given to each class for adjudication.

Finally, were there any means not so far discussed which would act as an inducement to stop them smoking?

Since only an interim report has been presented it would not be proper at this stage to draw further conclusions from the work so far undertaken

but it is at least obvious that the health education officer in undertaking this work has found out some valuable information and that as an important by-product a great deal of goodwill and interest has been shown throughout most parts of the County. For example, the Health Committee might have been advised to spend a great deal of money on posters and distribution of leaflets in the schools of this County, a method which has been adopted in many counties in this country, but research has shown that this would have made no appeal to children in this County.

Schools have offered that if the health education officer will get out script and design for certain leaflets in this connection on the lines indicated to him they will look at them constructively and make certain suggestions. Thus, money which might have been paid out in leaflets has been saved and further we know that it would not have done any good.

As far as posters are concerned there has only been one poster which has been thought to be effective and that is the single cigarette poster published by the Central Council for Health Education.

It is interesting and significant to note that contrary to a feeling of doubt at the start of the investigation that any thread of uniformity would be found, one has in fact emerged.

The health education officer in talking about a film has found that every child at school would like to see a film dealing with smoking and lung cancer. This fact is not surprising but what is surprising is that of three film treatments which he submitted to each school every single school from 9 years of age to 6th form grammar level has unhesitatingly voted for one particular treatment. In essence what young people have said to him is this—if you want us to treat a subject seriously then be serious about it. This finding in the particular treatment selected may come as something of a shock when finally published.

Finally, the health education officer by virtue of his investigation is convinced that with a properly conducted and lasting campaign backed by the willing co-operation of all schools it is possible to reduce the number of children who smoke while still at school to at least a state when 75 per cent. of them do not smoke at all leaving a hard core of some 25 per cent. If it is possible at least to put back the age at which children commence to smoke some good, will, I feel have been achieved.

As another result of this investigation teachers expressed a desire themselves to know the facts of the matter not merely from the point of view of propaganda but scientific facts so far as they were known and on the other side of the picture some arguments put forward by the Tobacco Manufacturers' Standing Joint Committee. During the year a leaflet concisely summarising this information was produced after much consultation and work and this has proved to be a very acceptable and very informative document and is available to all teachers and youth leaders in the County.

Films.—The film "Childbirth Without Fear" made by Dr. Grantly Dick Read was purchased for use as a teaching aid in the relaxation clinics held throughout the County. It has been shown by the health education

officer to many groups during the year and for intelligent and prepared women it has always been found to be a most helpful means of imparting knowledge on this subject in such a way as to stimulate confidence and dissipate fear. Those most closely associated with the work are convinced that the result is that many women are having easier and shorter labours with less fear and with an even greater joy at the birth of a child. This must be helpful to a firm foundation for the family life which is still the backbone of social life in this country.

In addition to the above, two films " How to have an Accident at Home " and " Breast Feeding " have been purchased during the year while numerous other films have been hired for appropriate occasions.

During the year the film catalogue previously envisaged was completed by the health education officer, suitably cross indexed and contained in a stiff folder. This has made it possible for all members of the health team to be aware of the films from all known sources on topics of health education. This catalogue which lists more than 300 films can be added to now it is in being, as new films become available.

Area Projects.—During the year the health education officer was able to assist in the planning and carrying out of projects in two areas, one on " Care of the Eyes " and the other on " Care of the Teeth " for primary pupils.

In the first project the film " Your Children's Eyes " was shown continuously in the clinics of the area concerned at child welfare sessions and all the display material in the clinic for that fortnight was devoted towards this particular topic. In preparation for the project the senior assistant medical officer of the area, together with the superintendent health visitor and the health education officer made previous visits together to find out as many facts as possible on care of the eyes suitable for putting across to a lay audience while later, to prepare the medical and nursing staff Mr. Langley an ophthalmic surgeon was asked to lecture one evening to them and did this most admirably showing at the same time two films dealing with the surgical side of treatment.

In the second area all primary schools were visited when the film "No Toothache for Noddy " was shown to the great enjoyment of all the children and thereafter demonstrations were arranged by the health visitors to encourage the children to clean their teeth and to swill them round with water after eating sweets. All the children loved this and there was great co-operation between the health staff and head teachers.

Health Visitor Course in Teaching Methods.—Towards the end of the year a meeting of superintendent health visitors stressed the need for courses in teaching for health visitors. As a means of helping in this particular way the health education officer was instructed to devise a provisional three-day training scheme for health visitors entitled " Putting it Across " and it is envisaged that one health visitor from each of the 10 areas will be able to undertake this three-day course once a month under his instruction.

This in-service training scheme in no way precludes health visitors from their normal refresher courses but it does offer a very valuable opportunity for health visitors to benefit from the experience of the health education officer in teaching methods and will also provide, a means for different individuals from

each area meeting and discussing their own experiences thus increasing the team spirit of health education in the County.

Youth Clubs.—In so far as it has been humanly possible the health education officer has acceded to the numerous requests made to him by youth clubs to lecture and there is an increasing liaison existing between himself and this important branch of the work of health education.

Topics have usually been in two spheres—

1. Smoking and lung cancer, and
2. Love and marriage

both extremely difficult subjects to handle but the work has been felt to be most rewarding.

Lectures.—Since health education means health education of the general public it is important they should be reached by all possible means and lecturing to existing organisations and in schools is one of the measures it is important to pursue.

During the year the health education officer compiled a programme of lectures and illustrated talks which he would be prepared to give to appropriate organisations and a brochure was prepared with an introduction by the Chairman of the Health Committee and a message from myself commending the services of the health education officer in this respect.

The list of his lectures is set out below:—

From Superstition to Science in Prevention of Disease.
Man, Manners and Microbes.
From Hand to Mouth.
Health, from Cinderella to Giant Killer.
The Evolution and Progress of Child Care.
The Smoking Ruin. (Lung Cancer.)
The Fifth Column Within.
Growing up at Home.
Your Children's Sleep.
The Problem of Fear and Health Education.
Your Children's Feet.
The Purpose and Promise of Health Education.
Love and Marriage.
Personal Responsibility for Health.
Let us now Praise Famous Men.
Missing Molars.
The Helping Hand.
Forty Years On.
Prisoners of the Mind.
For Men Only.

During the year the health education officer has given more than 50 lectures, but such has been the growth in the demand for lectures that before 1958 was ended over 100 lectures had already been booked for 1959.

Schools.—It is of the utmost importance that there should be close liaison between the borough education officers and head teachers and the health educa-

tion officer if there is to be a co-ordinated plan in which each will help the other to promote health education in schools. To this end, the health education officer has accepted all possible means of liaison and opportunity has arisen to make it possible for him to visit some 40 schools during the year.

Home Safety.—During the year the County Council agreed to become a member of the Royal Society for the Prevention of Accidents—Home Safety Section, and as a result the material available from this Society has been distributed throughout the County each quarter. In addition the health education officer has made himself available where required to Home Safety Committees and was able to assist in an exhibition promoted during the year by the Heston and Isleworth Home Safety Association and was later invited to become a member of that association.

Each health area in the County was able to obtain a financial grant to help with the prosecution of the Guard That Fire Campaign instituted by the Home Office and in the Burns and Scalds campaign instigated by the Ministry of Health and an endeavour was made to give active support, though unfortunately the campaign clashed with that for polio vaccination for the up to 25's.

Liaison.—During the year the health education officer has been approached by a number of organisations, commercial, public and local government for information and help, and where possible this has been freely given.

In addition to visits to heads of schools as much liaison as possible has taken place in the County Health Areas but inevitably more in those areas which have realised the help the health education officer is capable of giving.

Section 29

HOME HELPS

Prior to the operation of the National Health Service Act schemes for provision of domestic help had been operated throughout the county by the 18 maternity and child welfare authorities. These schemes had been provided under maternity and child welfare powers and the powers given under Defence Regulation 68E. In addition the County Council had provided similar services under its scheme for tuberculosis. At that time there was a total of approximately 600 equivalent whole time staff available.

Under Section 29 a local health authority may make such arrangements as the Minister may approve for providing domestic help for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged or a child not over compulsory school age. The County Council decided to use these permissive powers and its proposals, as approved by the Minister, envisaged the development of the service and estimated that one home help would be required for 2,000–2,500 population, making a total of 800–1,000 whole-time home helps. This was subsequently amended to 1,500.

Owing to the difficulty in recruiting sufficient staff it has not been possible to meet fully the demands made on the service and accordingly a scheme of priorities was approved. Acute emergency cases and accidents take first priority; then come maternity and tuberculosis cases and finally other illnesses and chronic

cases are fitted in as generously as possible. The staff employed at the end of 1958 was equivalent to 907 whole time. They work under the control of the area medical officer in each area who is assisted by a home help organiser and a number of assistant organisers varying according to the number of home helps employed.

In 1958 a total of 13,796 cases were provided with home help assistance of which 9,087 were in the category of chronic sick including aged and infirm. This category is increasing each year at a higher rate than the total cases.

It was considered that to fit home helps to meet certain emergencies, and to have a general idea of the recognition of sickness some sort of training was desirable. In 1955 approval was given for each area to arrange a short course of lectures and demonstrations to selected home helps using the area supervisory staff for this purpose. These short training courses have proved very valuable and have been appreciated by the home helps.

In 1956 approval was given to an experimental night service of home helps in one area. This scheme was intended to provide help for patients who are very ill or dying and need night attention so enabling relatives or others who normally provide this assistance to get a certain amount of relief. Although there is only a very limited demand for this service it has proved useful and accordingly in 1958 the Council agreed to its extension throughout the county.

In order to obviate continual changes in the home help provided to old people owing to the need to take a home help off such a case to attend a maternity case it was decided to experiment in one area with six home helps restricted to maternity cases only. This scheme was approved for six months only in the first instance and will be reviewed when this period is over. It commenced in January, 1959.

Arrangements were also in preparation at the end of 1958 for an extension of the home help service in one area as an experiment to provide a family help service. The object of this service is to meet the need for assistance with the temporary care of children who otherwise, because of their mother's illness or incapacity, would have to be removed from their home and taken into care. It is hoped to commence this experiment in Area 7 during 1959.

The home helps work in close co-operation with other members of the health staff such as home nurses, midwives and health visitors, and the organisers maintain liaison with hospital almoners so that any necessary home help assistance is available when patients are discharged from hospital.

Section 51

MENTAL HEALTH

This section of the Act required local health authorities to submit proposals to the Minister for carrying out their duties under the Lunacy and Mental Treatment Acts and the Mental Deficiency Acts. As this work is completely integrated with the mental health services provided by the Council under Section 28 of the National Health Service Act they are dealt with together in this section of the report.

MENTAL HEALTH BILL

This year has been one of particular significance in the sphere of mental health as the main recommendations of the Royal Commission (1954–57) have been gradually proceeding towards statutory implementation. With the progressing knowledge and widening field which has come about during the last few years it had become increasingly clear that Acts of Parliament dating from as far back as 1890 (Lunacy Act), and 1913 (Mental Deficiency Act), were now proving to be out of harmony with and in many respects obstructive to the developments which research and modern treatment have now made possible. During the year medical officers of the County health department have held frequent discussions with officers of other departments, committees of their professional organisations, Regional Hospital Boards, and Ministry and institutional representatives, and the exchange of views on future methods of co-operation in carrying out the aims and intentions indicated in the new legislation have been most useful.

When the Bill was placed before Parliament shortly before the end of the year it confirmed the impression gained from the recommendations made in the Commission's report that future policy should aim at the retention where possible of the patient within the community and provide him with the necessary care, treatment and training without recourse to hospital admission. The local health authority will therefore need to provide hostels, sheltered workshops and expand the provision of practical training centres. Guardianship will need to be extended to mentally ill patients and the scale of social case work stepped up. It will be necessary to ensure that persons who may be in danger of suffering some form of mental break-down shall receive skilled clinical and psychiatric care and treatment as early as possible. Where such breakdowns have occurred the vital services of community after-care and rehabilitation will be in many cases an essential factor in recovery. Projects which are already in hand in connection with our future extensions of this policy are mentioned later in this report.

The principle of avoiding the use of " detention orders " wherever possible as recommended by the Royal Commission was accelerated by a Ministerial instruction issued early in the year which authorised the informal admission of mentally defective persons who need institutional care and treatment. As a result of this a total of 124 such admissions were made and in only 23 cases was it found necessary to make use of statutory " detention orders ". A review was also made of the County's patients already in hospital under previous detention orders and in approximately 1,290 cases it was found possible for them to be discharged from such orders and remain in the institution on the informal basis. It will be appreciated, therefore, that future plans for the local health authority's community service must provide, as mentioned above, for a considerable number of such patients for whom detention in an institution need be no longer necessary or justifiable.

COMMUNITY WORK UNDER THE NATIONAL HEALTH SERVICE ACTS

During the year the establishment of six psychiatric social workers was increased to eight, the complement at the East Central, Central, and East Divisions now being two officers each.

The therapeutic social club which had been commenced in conjunction with Claybury Hospital has continued to prove of value. Towards the end of the year it was found possible to move the club from its previous meeting place at Edmonton, where the accommodation available to it was by no means satisfactory, to excellent new premises at the Enfield Special Training School at Waverley Road, Enfield, and the more congenial surroundings there have been much appreciated.

As a result of the success of this first experimental club, a second one was started in association with Shenley Hospital, its meetings being held at the Neasden Special Training School premises. Although it has only been in operation for a short period it is rapidly justifying its provision and there is every indication that those who attend derive much pleasure and benefit thereby. The rehabilitation value of these clubs is an important factor in the lives of the members and it is hoped to extend them to cover each division in the County. Arrangements are now in hand to commence a third club at Hendon in the new year.

COMMUNITY WORK UNDER THE LUNACY AND MENTAL TREATMENT ACTS, 1890–1930

The community work in the County under the above-mentioned Acts is carried out by 26 mental welfare officers, who are " duly authorised " by the Local Authority to undertake the statutory duties in connection therewith. These officers are distributed among 5 divisional offices, the divisions being based upon the catchment areas of the mental hospitals to which patients requiring hospital treatment for mental disorder are admitted. These hospitals are at present as follows:—

Claybury Hospital	East Division
Friern Hospital	East Central Division
Napsbury Hospital	East Central Division
Hill End Hospital	East Central Division
Shenley Hospital	Central Division
Springfield Hospital	West Central Division
St. Bernard's Hospital	West Division

The day-time service, during which time all the duly authorised officers are available on call from their divisional office, is available from 9 a.m. to 5 p.m., but a 24-hour service has to be provided and each division has an officer on duty at night and at week-ends by a rota arrangement for urgent calls.

It is the duty of the duly authorised officers to arrange for the conveyance of patients from the County who are to be admitted to the above-mentioned hospitals and, on occasions for special reasons, to other mental hospitals throughout the country.

There are three " designated " (observation) wards in general hospitals, *viz.*, North Middlesex, Central Middlesex and West Middlesex Hospitals, to which patients may be admitted for a short period for observation whilst the question of, and the necessary formalities for, their admission to a mental hospital can be dealt with.

The statistics relating to cases dealt with under the Lunacy and Mental Treatment Acts during the year will be found on page 111.

COMMUNITY WORK UNDER THE MENTAL DEFICIENCY ACTS

(*a*) *Supervision in the home.*—Parents of mental defectives of all ages find themselves confronted with a number of problems where the help of an experienced social worker is of the greatest benefit and for this reason regular home visits are made to the homes of all the defectives in the community, with the exception of a few cases where the parents are hostile to such visits. In such cases it is useless to press the services of a worker for the usefulness of the service depends upon the confidence of the parents and, in the case of adult high-grade patients the confidence of the patient himself in the visitor, and it is for that reason that visits are not insisted upon unless they are welcomed. This duty is carried out by the 26 mental welfare officers and in the case of children up to the age of 10 and females over that age by four lady supervision officers. In the case of patients on licence visits are made by these officers on behalf of the hospital management committees.

In order that the medical staff may have a clear idea of the environment of each patient the first visit to the home is always carried out by a doctor.

This service is widely appreciated and is essential to the care of the defective in the community, particularly so in the case of the young high-grade defective in his or her first few years in industry because early signs of failure to settle down in a job or to lead a stable life during leisure hours can be quickly detected and remedial action taken.

There are at present 2,700 cases living in the community in Middlesex includes Guardiansnip cases at Brighton who are receiving periodic visits and it is certain that in the future this number must rise.

(*b*) *Institutional care*

(i) *General.*—During the year 164 patients were admitted to mental deficiency hospitals; on the 31st December the number of cases waiting for vacancies for institutional care was: urgent 42, others 31, total 73. This is more than at the end of the previous year, in which the numbers were: urgent 30, others 34, total 64. There are various factors governing the availability of beds available in the regional hospital boards' institutions, such as shortage or nursing staff, the rate of building programmes and so on. As the community services improve in scope and quality the demand for institutional care should diminish and waiting lists become smaller.

(ii) *Short-term care.*—Temporary arrangements for short-term care for periods of up to 8 weeks were made for 137 patients, of whom 135 were placed in regional hospital boards' hospitals and 2 under private care. The provision of these facilities through the mental health service is one which is much appreciated by parents and relatives. In many cases permanent institutional care as a solution to the onerous problem of the care of the defective in his own home has been avoided by being able to relieve the parents, if only for a short period, during which period they are able to relax and, perhaps, enjoy a holiday while their responsibilities are temporarily lifted.

(iii) *Residential hostels for high-grade mental defectives.*—In May, the National Association for Mental Health opened " Fairhaven ", at Blackheath, a hostel for lads who have recently left E.S.N. schools. In accordance with the County

Council proposal approved by the Minister of Health in February, 1957, arrangements have been made during the year to place six adult defectives from Middlesex in this hostel, from which the young men go out to work in industry.

(*c*) *Guardianship*

The review of cases who have been placed under guardianship in previous years was continued and in a number of cases it was found that the necessity for a statutory guardianship order no longer existed and this was therefore discharged. The placing of a patient under a guardianship order is now restricted to certain difficult cases where specific requirements exist, *e.g.*, special medical attention or supervision, the necessity for financial assistance in the care of the patient which cannot be provided from any other source, etc.

During the year 12 patients were admitted to guardianship of whom 8 were placed in the care of the Guardianship Society, Brighton. On 31st December 202 patients were under statutory guardianship orders, as compared with 256 on 31st December, 1957.

(*d*) *Community clinics*

In addition to the mental health clinics already held in Staines, Brentford, Enfield and Edmonton, clinics were started at Harrow and Willesden. The popularity of these clinics is increasing as their whereabouts and function become more widely known. It appears that there is an opportunity for yet further expansion in this direction, both in numbers and in the type of problems and cases handled in this manner; particularly the idea of holding such clinics in co-operation with specialists provided by the Regional Hospital Board is under consideration.

The saving in the time of the medical officers who run these clinics is considerable, and the opportunity it affords patients or relatives who attend is invaluable.

(*e*) *Special training schools* (*occupation centres*) *and practical training centre* (*adult occupation centre*)

(i) *Existing schools and centre*

The position with regard to special training schools and the practical training centre as at the end of the year was as follows:—

School	*Number of places*
Brentford	75
Hornsey	65
Hanworth	60
Hanworth Special Care Unit	12
Hillingdon	80
Harrow	72
Willesden	30
Neasden	80
Enfield (Waverley Road)	120
Total number of places	594

West Middlesex Practical Training Centre	*Number of places*
Southall	60
Isleworth	65
Total number of places	125

Towards the end of the summer the necessary adaptations and other works at the Waverley Road School, Enfield, which had been purchased by the County Council, were completed. It was therefore possible to close down the schools at St. Matthew's Church Hall, Lincoln Road, Enfield (30 places) and Bassishaw Hall, Bury Street, Edmonton (65 places) and transfer the pupils therefrom to the Waverley Road School which opened its first term on the 15th September, 1958. This school provides places for 95 children and 25 adult females, most of whom are transported by coach to and from various picking up points within reasonable distances of their home addresses, the catchment area being the districts of Enfield, Edmonton, Tottenham, Potters Bar and Southgate. The daily meals for staff and pupils are prepared and cooked in the school's own kitchen. The Rt. Hon. Earl of Feversham, D.S.O., D.L., J.P., Chairman of the National Association for Mental Health, formally opened the school on the 20th January, 1959.

(ii) *Hanworth Special Care Unit*

This first special care unit has now been in operation for over a year and has proved without doubt the very great value of such units in a service which aims at providing for all types of children in the community. Although most of the children who are attending are very low grade they are, nevertheless, capable of benefiting from the specialised care and attention which they are receiving and definite improvement has resulted from habit training and from measures, in some cases, to deal with severe maladjustment. The parents not only appreciate the relief from emotional tension which they are given for a few hours during the day but also welcome the guidance and advice which they receive and willingly co-operate to the best of their ability in carrying this out in the home circle.

The provision of further special care units is referred to later in this section of the report.

(iii) *West Middlesex Practical Training Centre*

This centre, which provides for adult male mental defectives in the western half of the County, comprises premises at Southall with 60 places and an annexe at Acton Lodge where places during the year were increased from 35 to 65. This enlargement was arranged to accommodate some of the adult males from the eastern part of the County until such time as suitable premises could be provided for this purpose within that area. In March an " express coach " route from Edmonton via the North Circular Road to Isleworth was arranged, thus enabling an average of about 30 adult boys to attend the centre from the districts of Enfield, Edmonton, Southgate, Wood Green and Finchley.

The main activities during the year have been woodwork, gardening, embracing both vegetable and flower growing, assembling cardboard boxes,

soap-flake packing, repairing toys and articles of equipment for the special training schools, etc. Discussions have also taken place with the Chief Supplies Officer with regard to the type of product which could come within the scope of the centre's output and be absorbed within the requirements of other departments of the County Council. Liaison with industrial firms is also being pursued, and during the year four boys were enabled to find employment in local industry.

A youth club was commenced for the two sections of the Centre in September, and the boys very much enjoy the various forms of club activities and social amusements outside their working hours. The Twickenham and District Society for Mentally Handicapped Children assisted greatly by purchasing various items of equipment, games, &c., and have also taken a practical interest in the development of the club's activities in other directions.

(iv) *Monetary rewards*

The system of paying monetary rewards to the boys in the above-mentioned training centre has proved successful in providing an incentive to their interest and application to their work, the money, at present, varying between 1*s.* 6*d.* and 7*s.* 6*d.* per week according to each individual circumstance.

In the special training schools a limited number of high grade adult female defectives are capable of carrying out simple but helpful domestic duties as orderlies, and they receive payments ranging from 7*s.* 6*d.* to 15*s.* per week in proportion to their capabilities and efforts in this direction.

(v) *Provision of meals*

At all of the special training schools and the practical training centre, with the exception of Hornsey, Willesden and Hillingdon, the mid-day meals are prepared and cooked within their own kitchens on the premises. This is, of course, a desirable arrangement as it gives a practical opportunity for the higher grade pupils in the school to be given a branch of domestic training and experience which is of use to them in their own homes. In the case of Hillingdon school a kitchen and its equipment for this purpose is now being proceeded with in connection with future developments at these premises.

(vi) *Holiday camp*

For the eighth consecutive year arrangements were made for pupils from the special training schools and practical training centre to attend the St. Mary's Bay Holiday Camp at New Romney, Kent, an annual event which is now looked forward to and appreciated by both parents and children. A party of 41 older boys from the practical training centre was taken to the camp to spend a happy period by the sea from 30th May to the 6th June, and 118 children from our special training schools enjoyed a similar holiday from 23rd August to the 5th September. As before, Dr. Bennett, Principal Medical Officer, and Dr. Fidler, Senior Medical Officer, shared the duties of attending these camps and although some difficulty was experienced in obtaining sufficient escorts and staff for these periods, the support of members of the schools and centre staff with the assistance of a number of other voluntary helpers ensured that the pupils were under proper care and supervision during their stay at the camp.

(vii) *Staff training scheme*

The training officer approved by the County Council to organise and carry out an in-service course for the training of trainees and other staffs of the schools and centre commenced duties on the 1st January, and on the approval by the Council of a scheme as placed before them this went into operation in September. A total of 8 trainees and 6 assistant supervisors were selected to attend the first course which is of two years' duration. It includes a comprehensive series of lectures given weekly at the Health Department's head office at Old Queen Street or at the Neasden Special Training School by expert instructors who cover many aspects of the technical side of mental health work such as educational psychology, child study and social psychology, medical and psychological characteristics of mentally defective children, organisation of special training schools, methods of teaching and the type and scope of work possible in different subjects in the curriculum.

The students will make conducted visits to various types of schools, mental deficiency and other hospitals, child guidance clinics, hostels, &c. In addition to the series of visits facilities will also be arranged for them to carry out periods of observation and teaching practice in nursery, infant, primary and E.S.N. schools.

Films appropriate to the curriculum will be exhibited to the students, these being followed by discussions led by the lecturer concerned.

(viii) *Projects in hand*

(*a*) *Purpose-built special training school, Isleworth*

As a result of the approval of the Minister of Health of the County Council's proposal to erect a purpose-built special training school at Isleworth to accommodate 80 pupils, the necessary plans, etc., were prepared and work commenced on the site at Bridge Road, Isleworth in October. It is hoped to have the premises ready for occupation by the end of 1959 when it will replace the existing school at Brentford which, housed in a Church Hall, has been in operation since 3rd May 1948.

(*b*) *Practical training centre for adult female defectives in the western part of the County*

Work also was commenced towards the end of the year on the provision of this centre at " Moorcroft," Hillingdon, a building which already belongs to the Council and part of which (the ground floor of the west wing) accommodates the Hillingdon Special Training School. The first floor of this wing is being adapted and equipped as a training centre with 70 places which will make a much needed provision for girls who are over school age in the western part of the County. These girls will receive training in laundry work in a small unit fitted with modern equipment for this purpose, domestic science, sewing and forms of handicrafts which may assist them to obtain gainful employment in the community. The girls will be conveyed by coach to and from the centre, suitable picking-up points for this being arranged on routes covering the catchment area. The main kitchen on the ground floor of this wing is being adapted and equipped to provide a joint daily meals service for both the special training school and practical training centre units.

It is hoped that this centre will be in operation by early summer of next year.

(ix) *Forthcoming projects*

(1) *Special Care Units*

(*a*) *Moorcroft Special Training School, Hillingdon*

The provision of accommodation at these premises for approximately 10–15 low-grade and difficult children who are not at present suitable for attendance at the special training school but require special care and attention.

(*b*) *Waverley Road Special Training School, Enfield*

A similar unit is being planned at these premises, and the Enfield Parent Association have indicated that they would like to offer to the County Council a sum of money to assist in carrying out this purpose. It is hoped that both of these special care units can be made ready early in the new year.

(2) *Adult male practical training centre in the eastern part of the County*

There is a great need for such provision in this area; the temporary arrangement of sending a daily " express coach " to the West Middlesex Centre only in part meets the demand.

Many sites and premises have been inspected with a view to investigating their suitability for meeting this urgent need but for a number of reasons it has not yet proved possible to bring the matter to a conclusion. Negotiations are nevertheless still being proceeded with in certain directions, and it is hoped that a successful solution to the problem will result in the near future.

(3) *Replacement premises for present Hornsey Special Training School*

It has been evident for some time that the premises at the Methodist Church Hall, Lightfoot Road, Hornsey, at which this Special Training School has been housed since 15th September, 1952, have become unsuitable and inadequate. Owing to a gradual increase in the numbers of pupils requiring accommodation and the high percentage of daily attendances an undesirable degree of overcrowding has resulted and the efforts to provide satisfactory and effective training have been frustrated. A scheme is now being proceeded with to erect a purpose built school on a site at Oakleigh Road, Friern Barnet.

(4) *Replacement premises for Willesden Special Training School, etc.*

It has been appreciated for some time that the small Special Training School with 30 places at Belton Hall, Bertie Road, Willesden, is now an uneconomical proposition. With this in mind and having regard to the present overcrowding which exists at the Neasden and Harrow Special Training Schools and also growing waiting lists, alternative accommodation for a school of 80 places has been sought in a district which would serve the catchment areas for these schools. Negotiations have been commenced for the purchase of a satisfactory alternative building.

(5) *Hanworth Special Training School, Assembly Hall*

The County Council has given its approval to the erection of a much

needed assembly hall at the above-mentioned school, at an estimated cost of £2,500, and the Twickenham and District Society for Mentally Handicapped Children has very kindly promised to contribute a substantial sum towards the cost. The County Architect has been asked to prepare plans for this hall, which will also be used as a dining room, play room for wet weather and for classes in " physical activities."

CIVIL DEFENCE AMBULANCE AND CASUALTY COLLECTING SERVICE

In time of emergency the Civil Defence Ambulance Section would be integrated with the regular ambulance service to form an expanded Civil Defence Emergency Ambulance Service and the Fire Service would be nationalised. Although the peace-time administration of the regular ambulance service was throughout the year the responsibility of the Chief Officer of the Fire and Ambulance Service, the County Medical Officer of Health has been designated the officer in charge of the ambulance service which the County Council is required to provide in the exercise of its civil defence powers. The Senior Ambulance Officer, Mr. F. Hannan, has submitted the following report upon the progress of the service during the year under review:—

The year opened with the strength of the section only 148 below the authorised establishment. By December the strength was 2,904, which brought the section six above establishment after excluding those who no longer attend for active training. Members of the section participated in a review of Civil Defence vehicles and personnel which was held in Hyde Park in October as part of the annual recruiting campaign.

In proportion to the number of active volunteers the position regarding training classes has been encouraging with a monthly total of some 150 ambulance classes in progress in the County during each month. The total of training classes does not include exercises, attendance at depots or practice driving for qualified drivers.

Together with members of the Headquarters and Rescue Sections drivers received practical instruction in convoy movement. Valuable lessons were learned from these convoy exercises.

Attendances at peace-time ambulance depots have shown a fall in numbers. This is, in part, attributable to insufficient opportunity to gain experience as there are few calls on ambulances in the evening. Consideration is being given to the modification of this scheme.

A very healthy position has been created regarding the number of available instructors for the Ambulance and Casualty Collecting Section. Two courses for local instructors were held during the year as a result of which all sub-divisions now have two and many three ambulance instructors. In addition, some selected volunteers and members of the Peace Time Service attended courses of the Home Office, Training School at Falfield.

Practice driving for qualified drivers was a continuing facet of training in most sub-divisions. Freshly enrolled members who held a current driving licence were offered the opportunity of a conversion course which afterwards enabled them to drive an ambulance. No driving tuition was arranged for learner drivers.

Casualty faking continued to be an attraction which helped to hold volunteers together. Steps were taken to encourage members in developing the art of casualty make-up.

Particular emphasis was placed on the training of casualty collecting parties. Opportunity for this was taken during the early rounds of the annual competition which was arranged along lines similar to the forthcoming National Competition. Each party of seven was required to collect and treat 15 faked casualties in circumstances which were made as realistic as possible. The results of the 1958 annual ambulance competition for Middlesex were:—

(*a*) SARPEA Trophy awarded to the team with highest all round ambulance ability—Wembley.

(*b*) The Harvey Trophy awarded to team with the highest first aid ability—Wembley.

(*c*) The Wauthier Cup for driving and loading ability—Heston and Isleworth.

(*d*) The Southgate Cup for leadership and casualty collecting duties —Wembley.

Mementoes of the occasion were presented to the winners and runners-up.

PUBLIC HEALTH ACT, 1936

Nursing Homes

The County Council is the Authority responsible for the registration and supervision of nursing homes throughout the County, with the exception of the Borough of Ealing. Approximately 165 routine visits were paid by the authorised inspectors of the area health staffs, and in addition five special visits were made by principal medical officers.

One new registration was approved during the year and five homes were discontinued, leaving 43 homes on the register at the end of the year. There were 28 beds specifically approved for maternity cases.

NATIONAL ASSISTANCE ACT, 1948

Old Persons Homes

Nearly 80 visits were paid by area health staffs to residential homes in the County provided by the Council under Part III of the Act.

NURSES AGENCIES ACT, 1957

Nurses Agencies

There were five nurses' agencies registered with the County Council in 1958. Four visits of inspection with the appropriate Chief Inspector from the Public Control Department were made. All were being conducted in accordance with the required conditions.

Training of B.O.A.C. Stewardesses

For a period of four years from July, 1954, the County Council assisted the B.O.A.C. in the training of its stewardesses, arrangements being made for

their attendance at day nurseries for instruction, including lectures, on the care and handling of healthy children.

The Corporation in July this year notified the County Council that this assistance was no longer required as the desired type of training would in future be available at their own school, and expressed their appreciation for the help given to them during the past four years by the Council's staff.

During the period that this training scheme was in operation a total of 162 stewardesses attended day nurseries in Tottenham, Ealing, Acton and Hounslow for instruction and lectures.

INSPECTION AND SUPERVISION OF FOOD

MILK PRODUCTION AND DISTRIBUTION

The Milk (Special Designation) (Specified Areas) Order, 1951, made under Section 23 of the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, specified, as from the 1st October, 1951, the Administrative County of Middlesex as an area within which all milk sold by retail for human consumption (other than catering sales), must be specially designated milk, *i.e.*, sterilised, pasteurised, tuberculin tested or accredited milk from a single herd.

Producers' licences to use the special designation " Accredited " expired on 30th September, 1954, and were not thereafter renewable. Accordingly the use of the special designation " Accredited " is no longer permitted and only sterilised, pasteurised or tuberculin tested milk can now be retailed in Middlesex.

At the end of 1958, 78 farmers and farms were registered with the Middlesex Agricultural Executive Committee under the Milk and Dairies Regulations, 1949. Thirteen " Tuberculin Tested " milk licences were issued or renewed during the year making a total of 68 in operation at 31st December, 1958. All the herds belonging to holders of " Tuberculin Tested " licences were also attested under the scheme of the Ministry of Agriculture, Fisheries and Food. The number of attested herds in Middlesex at the end of 1958 was 113.

In accordance with the Milk (Special Designations) (Raw Milk) Regulations, 1949, no application to use the designation " Tuberculin Tested " has been granted since 30th September, 1954, unless the herd was registered as an attested herd with the Ministry of Agriculture,Fisheries and Food.

Twenty-nine licences were issued by the County Council during the year under the Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949–1953.

Local authorities still retain powers connected with milk production in so far as they relate to diseases communicable to man. An important aspect of this work which is carried out by the County Council is the sampling of milk with a view to examination for the presence of tubercle bacilli. Samples of milk are taken by inspectors of the Public Control Department either in course of retail or at the farms of origin, when these are situated in Middlesex, and submitted to examination in the pathological laboratory of Harefield Hospital. The following table shows the results which have been obtained for each of the last 10 years:—

Year.	Number of samples for which a definite result was obtained.	Number containing living tubercle bacilli.	Percentage of tubercle infected milk.
(1)	(2)	(3)	(4)
1949	384	3	0·8
1950	384	3	0·8
1951	384	3	0·8
1952	385	3	0·8
1953	384	7	1·8
1954	384	7	1·8
1955	384	4	1·0
1956	364	3	0·8
1957	373	4	1·1
1958	346	1	0·3

The infected milk sample shown in the above table was produced at a farm in Buckinghamshire.

The routine veterinary inspection of Middlesex herds is carried out by the Ministry of Agriculture. The Divisional Inspector of the Ministry furnishes the County Council with information as to the results of veterinary inspections and tuberculin tests of Middlesex herds. The figures for the past six years are set out in the table below:—

Year.	Number of clinical examinations of bovine animals.	Number found in which tuberculosis was suspected.	Number slaughtered.	Number in which diagnosis was not confirmed.
(1)	(2)	(3)	(4)	(5)
1953	2,922	3	3	—
1954	3,129	7	5	2
1955	4,204	4	4	—
1956	3,825	4	4	—
1957	2,798	2	2	—
1958	3,192	—	—	—

Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949–1953.—The sampling of milk under the above regulations is in the hands of the Public Control Department of the County Council. The following table sets out the results obtained from samples taken during the period 1st January to 31st December, 1958:—

Description.	Passed.	Failed.	No test applied.	Number examined.
(1)	(2)	(3)	(4)	(5)
Pasteurised and tuberculin tested pasteurised—				
Phosphatase test	1,182	1	—	1,183
Methylene blue test	962	2	219	
Sterilised—				
Turbidity test	94	—	—	94
		Total		1,277

SALE OF FOOD AND DRUGS

The Acts and Regulations governing the conditions of sale and quality of food and drugs are administered by the Public Control Department of the County Council to whose Chief Officer, Mr. J. A. O'Keefe, B.Sc.(Econ.), LL.B., Barrister-at-Law, I am indebted for the following account of the work of his department.

Food and Drugs Act, 1955.—During the year ended 31st December, 1958, 1,538 samples of food and drugs were procured and submitted to the County Analyst and a further 845 to physical examination by the officers of the Public Control Department.

Of those submitted to the County Analyst, 84 were reported to be unsatisfactory; these included 15 samples of milk, 12 of cakes, &c., 7 of sausages and sausage meat, and 6 of sugar confectionery. The majority of the unsatisfactory milk samples were new milk below the presumptive standard of composition for this food. As in previous years this was due to milk of low quality being given by herds of cows.

Of the samples examined by officers of this Department, 52 were unsatisfactory. These were largely natural foods which were misdescribed as to their nature or variety or foods in which foreign matter was found.

The procuring of samples in this County is based on a system of careful selection, and to this end preliminary examinations of foods and drugs are made within the Public Control Department. The results obtained materially assist in selecting those samples which should be procured and submitted to the County Analyst. During the year 6,583 such preliminary examinations were made.

In 1958 28 summonses were issued in respect of offences under the Food and Drugs Act, 1955, compared with 81 in the preceding year. There were proceedings in respect of a bottle of milk containing splinters of glass, a bun containing part of a metal screw, a loaf containing part of a lead pencil, and flour confectionery described as "cream sponge" but filled with imitation cream. There were 23 prosecutions in respect of the misdescription of such natural foods as pears, plums and steak and kidney. The fines imposed and costs awarded totalled £18 9*s*.

In addition to the 28 infringements in respect of which proceedings were instituted, there were 38 cases where the County Council sent an official letter of caution to the alleged offenders. Where minor infringements were detected, warnings were issued from the Public Control Department.

Merchandise Marks Acts, 1887–1953. The main body of enforcement work necessary under the above Acts is in relation to the provisions of Orders made under the Merchandise Marks Act, 1926; these Orders prescribe the manner in which certain imported foods must be marked with an indication of origin when exposed for sale or sold.

During the year 4,609 premises were visited and 18,913 separate displays of imported meat, apples, tomatoes, poultry, &c., were examined. A total of 105 serious infringements were detected, summonses being issued in 101 instances and official cautions being sent to the alleged offenders in the remaining

four instances. As in previous years, the majority of the offences arose from failures to comply with the Order relating to the marking of imported meat and edible offals.

The total fines and costs imposed amounted to £539 3*s.* 7*d.*

Labelling of Food Order, 1953.—This Order requires pre-packed food to be marked with the name and address, or with the registered trade mark, of the packer or labeller. It also requires such food to be labelled with its common or usual name (if any) and with the names of the ingredients of a compounded food. It also controls the manner in which the presence of vitamins and minerals is disclosed and prescribed specific labelling for certain foods.

Visits were made to 3,630 premises where 17,108 packets of food were examined to see whether there was full compliance with the provisions of this Order. Only minor labelling irregularities were disclosed and these were all dealt with by corresponding with the person responsible who, in every case, took immediate action to effect the necessary corrections.

False or misleading descriptions.—As in previous years, food advertisements and labels have been scrutinised for false or misleading statements and descriptions. Much of this scrutiny of food labels can be combined with inspection work under the Labelling of Food Order. No serious infringements were disclosed. Corrective action was secured in relation to descriptions applied to " milk block," " Double Tea," an imitation cream powder, cakes filled with a mixture of butter and sugar, canned mixed vegetables, raspberry syrup, powdered soup mixes, medium red salmon, gorgonzola cheese spread and cheese spread.

MAIN DRAINAGE SERVICES

I am indebted to Mr. C. B. Townend, C.B.E., B.Sc., M.Inst.C.E., Chief Engineer of the Main Drainage Department, for the following note on the development of the main drainage services provided by the County Council during 1958.

During 1958 the development of the main drainage services has made steady progress.

In West Middlesex the programme of extensions and improvements to the Mogden Works costing about £1,400,000, is expected to be largely completed in 1960. The plan will then be capable of purifying a dry weather flow of 75 million gallons per day from a population of 1,500,000.

In East Middlesex the construction of the new undertaking is being pressed forward at maximum speed and is expected to be completed at a total cost of £9,500,000 by 1962. The Lee Valley and Cuffley Brook sewers have been completed, and the sewage from about 250,000 population is already being dealt with at the Deephams Works, partly by the first section of the new plant. The main sewers serving the high level area terminating at Finchley and Barnet are now under construction, as well as the low level sewer to Tottenham and Wood Green. Further contracts are being undertaken for the completion of Deephams Works to serve an initial total population of about 750,000.

VISITORS

The Tottenham Rehabilitation and Sheltered Workshop for tuberculous men continued to be the main attraction to overseas visitors, but other services visited included the special training schools for mental defectives, dental clinics and dental laboratories, day nurseries and infant welfare centres.

Visitors from overseas came from Barbados, British Guiana, Canada, Ceylon, Fiji, France, Ghana, Germany, India, Japan, Malaya, Malta, New Zealand, Northern Ireland, Poland, Rhodesia, Switzerland, Thailand and West Nigeria. Among British visitors was the Parliamentary Secretary to the Minister of Health.

APPENDIX

STAFF

County Medical Officer of Health and Principal School Medical Officer:

A. C. T. Perkins, *M.C.*, M.D., B.S., D.P.H.

Deputy County Medical Officer of Health and Deputy Principal School Medical Officer:

G. S. Wigley, M.R.C.S., L.R.C.P., D.P.H.

Principal Medical Officers:

Mental Health Service ..	P. A. Bennett, M.B., Ch.B.
Care and After Care Service	J. F. Macgregor, L.R.C.P., L.R.C.S., D.P.H.
School Health Service ..	Mrs. E. J. Madeley, M.B., Ch.B., D.P.H., D.M.R. & E.
Maternity and Child Welfare Service	Miss D. Taylor, M.A., M.B., B.S., L.R.C.P., M.R.C.S., D.P.H. Resigned 31.3.58.
	Mrs. A. P. Whitfield, M.B., B.S., M.R.C.S., L.R.C.P. Appointed 1.10.58.

These are the primary duties of the Principal Medical Officers but they carry out other duties including deputising for one another.

Chest Physicians:

(Joint appointments by County Council and Regional Hospital Boards.)

P. E. Baldry, M.B., B.S., M.R.C.P.
Miss B. A. Butterworth, M.B., M.R.C.P., M.R.C.S.
J. Vernon Davies, M.D., M.B., B.S., M.R.C.P.
R. Heller, M.D.
H. Climie, M.D., Ch.B., D.P.H.
T. A. C. McQuiston, M.D., M.B., D.P.H.
R. Grenville-Mathers, M.A., M.D., M.R.C.P., F.R.F.P.S.
J. T. Nicol-Roe, M.D., Ch.B., D.P.H.
C. H. C. Toussaint, M.R.C.S., L.R.C.P., D.P.H.
H. J. Trenchard, M.B., Ch.B., M.R.C.P., D.M.R.(D.).

Chief Dental Officer and Principal School Dental Officer:

J. V. Bingay, *M.B.E.*, L.D.S.R.C.S.

Senior Medical Officer—Mental Health:

Miss R. D. Fidler, M.R.C.S., L.R.C.P. D.P.H.

Senior Medical Officer—London Airport:

W. A. Bullen, L.R.C.P., L.R.C.S., L.M., D.T.M., D.T.H. Retired 30.9.58.

P. R. Cooper, M.A. B.M., B.Ch., M.R.C.S., L.R.C.P., D.T.M., D.P.H. (Appointed 1.10.58).

Special Services Almoners:

Miss D. Myer.
Mrs. M. E. Seager (Part-time.)
Mrs. R. M. Cass (Part-time).

Rehabilitation Workshops—Tottenham:

Supervisor/Instructor—W. R. Osment

Mother and Baby Homes:

Amherst Lodge, Ealing.—Matron—Mrs. E. M. Craddock, S.R.N.

Belle Vue, Willesden.—Matron—Miss M. M. Fraser, S.R.N., S.C.M.

Guilford House, Friern Barnet.—Matron—Miss W. M. Byford, S.R.N., S.C.M.

Red Gables, Hornsey.—Matron—Miss M. K. Hopkins, S.R.N.

Area	*Area Medical Officers:*	*Area Dental Officers:*
No. 1	W. D. Hyde, M.B., Ch.B., D.P.H.	E. Underhill, L.D.S.R.C.S.
No. 2	W. C. Harvey, M.D., D.P.H.	G. S. Williams, L.D.S.R.C.S.
No. 3	G. Hamilton Hogben, M.R.C.S., D.P.H.	V. Sainty, L.D.S.R.C.S.
No. 4	Miss K. M. Bodkin, M.R.C.S., L.R.C.P., D.P.H.	K. C. B. Webster, L.D.S.R.C.S.
No. 5	Caryl Thomas, M.D., B.Sc., D.P.H., Barrister-at-Law.	A. G. Brown, L.D.S.R.C.S.
No. 6	E. Grundy, M.D., D.P.H. S. Leff, M.D., D.P.H., Barrister-at-Law.	Miss W. Hunt, L.D.S.R.F.P.S. (Glas.).
No. 7	W. G. Booth, M.D., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. G. E. B. Payne, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.	L. C. Mandeville, L.D.S.R.C.S.
No. 8	O. C. Dobson, M.D., D.P.H., D.P.A., Barrister-at-Law.	G. M. Davie, L.D.S.R.F.P.S. (Glas.).
No. 9	A. Anderson, M.D., D.P.H.	O. H. Norman, L.D.S.R.C.S., B.D.S.
No. 10	J. Maddison, M.D., B.S., D.P.H.	O. H. Minton, L.D.S. U.Brist. Resigned 20.5.58. G. H. Tucker, L.D.S.R.C.S. Appointed 23.6.58.

County Council Establishments of:—

Area Medical Officers	10
Deputy Area Medical Officers	10
Senior Assistant Medical Officers	12
Assistant Medical Officers	86
Senior Airport Medical Officer	1
Airport Medical Officers	5
Airport Nurses	7
Airport Clerk/Receptionists	11
Area Dental Officers	10
Orthodontists	13
Dental Officers	96
Dental Attendants	132
Area Superintendent of Home Nurses and Non-Medical Supervisor of Midwives	10

District Midwives	150
Home Nurses	310
Area Superintendent Health Visitors	10
Health Visitors and School Nurses	357
Tuberculosis Visitors	44
Home Help Organisers	10
Assistant Home Help Organisers	17
Home Helps	1,250
Chest Clinic Welfare Officers	10
Chest Clinic Assistant Welfare Officers	7
Psychiatric Social Workers	8
Mental Welfare Officers	26
Lady Supervision Officers	5
Special Training School Supervisors	8
Special Training School Assistant Supervisors	34
Practical Training Centre Supervisor/Instructor	1
Practical Training Centre Deputy Supervisor/Instructor	1
Practical Training Centre Assistant Instructor	7

Statistical Tables

Table 1
Acreage and Population

Boroughs and Urban Districts.	Acreage. (a)	Census population. (b)			Registrar General's estimated home population, June, 1958	Number of separately rated dwellings, 1st April, 1958	Average number of persons per dwelling.
		1921.	1931.	1951.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Acton (Borough)	2,319	60,817	70,008	67,471	65,360	18,537	3·5
Brentford and Chiswick (Borough) ..	2,332	58,499	63,217	59,367	57,150	16,179	3·5
Ealing (Borough)	8,781	90,312	116,771	187,323	183,000	52,814	3·5
Edmonton (Borough) ..	3,895	66,807	77,658	104,270	95,180	27,702	3·4
Enfield (Borough)	12,399	60,464	67,752	110,465	109,300	32,130	3·4
Feltham	4,925	11,394	16,066	44,861	50,780	13,926	3·6
Finchley (Borough) ..	3,478	46,628	59,113	69,991	69,080	20,295	3·4
Friern Barnet ..	1,340	17,137	22,715	29,163	28,540	7,907	3·6
Harrow (Borough)	12,555	49,020	96,656	219,494	214,300	64,107	3·3
Hayes and Harlington ..	5,159	9,042	22,969	65,596	67,780	19,319	3·5
Hendon (Borough)	10,369	57,566	115,640	155,857	151,500	44,229	3·4
Heston and Isleworth (Borough)	7,218	47,463	76,254	106,847	105,100	30,071	3·5
Hornsey (Borough)	2,872	87,632	95,416	98,159	96,670	24,033	4·0
Potters Bar ..	6,129	3,222	5,720	17,172	22,000	6,568	3·3
Ruislip–Northwood ..	6,583	9,112	16,035	68,288	74,930	21,629	3·5
Southall (Borough) ..	2,608	30,165	38,839	55,896	52,830	14,620	3·6
Southgate (Borough) ..	3,765	39,525	56,063	73,377	70,940	22,237	3·2
Staines	8,271	17,060	21,336	39,995	46,850	13,503	3·5
Sunbury	5,609	9,902	13,449	23,394	28,440	8,500	3·3
Tottenham (Borough) ..	3,013	146,726	157,667	126,929	117,700	29,848	3·9
Twickenham (Borough) ..	7,014	69,948	79,299	105,663	103,500	30,035	3·4
Uxbridge (Borough) ..	10,240	20,626	31,887	55,960	63,120	16,966	3·7
Wembley (Borough) ..	6,294	18,239	65,799	131,384	126,800	38,654	3·3
Willesden (Borough) ..	4,634	165,742	185,025	179,697	173,100	43,472	4·0
Wood Green (Borough) ..	1,606	50,791	54,308	52,228	49,100	14,279	3·4
Yiewsley and West Drayton	5,276	9,163	13,066	20,468	23,950	6,494	3·7
The County ..	148,688	1,253,002	1,638,728	2,269,315	2,247,000	638,054	3·5

Notes:—

(*a*) The district acreages are given to the nearest whole number, consequently the aggregate does not equal that for the County as a whole.

(*b*) All the census populations have been adjusted to relate to the districts as constituted in 1951.

Table 2

Causes of Death at Different Periods of Life in the Administrative County of Middlesex, 1958

Causes of Death. (1)	All Ages. (2)	0— (3)	1— (4)	5— (5)	15— (6)	25— (7)	45— (8)	65— (9)	75— (10)
1. Tuberculosis—respiratory ..	148	1	—	—	2	26	70	31	18
2. Tuberculosis—other	22	—	—	—	1	3	13	2	3
3. Syphilitic disease	49	—	—	—	—	—	17	23	9
4. Diphtheria	—	—	—	—	—	—	—	—	—
5. Whooping cough	—	—	—	—	—	—	—	—	—
6. Meningococcal infections ..	3	2	—	1	—	—	—	—	—
7. Acute poliomyelitis	3	—	1	1	—	1	—	—	—
8. Measles	1	—	—	1	—	—	—	—	—
9. Other infective and parasitic diseases	40	1	—	1	1	8	12	7	10
10. Malignant neoplasm—stomach	632	—	—	—	—	17	214	201	200
11. Malignant neoplasm — lung, bronchus	1,167	—	—	—	3	50	601	365	148
12. Malignant neoplasm—breast	500	—	—	—	—	48	224	116	112
13. Malignant neoplasm—uterus	187	—	—	1	—	16	86	53	31
14 Other malignant and lymphatic neoplasms ..	2,212	4	14	11	19	114	804	586	660
15. Leukaemia aleukaemic ..	114	1	7	14	1	15	33	18	25
16. Diabetes	143	—	—	—	1	3	29	53	57
17. Vascular lesions of nervous system	2,893	—	—	1	3	50	490	752	1,597
18. Coronary disease angina ..	3,992	1	—	—	1	73	1,170	1,284	1,463
19. Hypertension with heart disease	581	—	—	—	—	4	95	152	330
20. Other heart disease	2,737	1	—	—	1	45	292	481	1,917
21. Other circulatory disease ..	1,217	2	—	—	1	31	181	317	685
22. Influenza	89	—	1	—	—	4	18	25	41
23. Pneumonia	1,186	77	7	4	2	15	151	247	683
24. Bronchitis	1,405	17	4	2	2	10	333	417	620
25. Other diseases of the respiratory system	216	5	2	4	1	10	59	68	67
26. Ulcer of stomach and duodenum	276	1	—	—	1	4	85	78	107
27. Gastritis, enteritis and diarrhoea	110	5	2	1	2	6	23	33	38
28. Nephritis and nephrosis ..	159	—	1	1	11	21	57	31	37
29. Hyperplasia of prostate ..	143	—	—	—	—	—	13	41	89
30. Pregnancy, childbirth, abortion	13	—	—	—	2	11	—	—	—
31. Congenital malformations ..	184	122	14	6	7	10	13	7	5
32. Other defined and ill defined diseases	1,699	361	13	15	17	75	345	284	589
33. Motor vehicle accidents ..	250	—	6	13	57	44	61	28	41
34. All other accidents	445	14	9	12	28	44	60	63	215
35. Suicide	260	—	—	—	13	68	115	38	26
36. Homicide and operations of war	1	—	—	—	—	—	1	—	—
All causes	23,077	615	81	89	177	826	5,665	5,801	9,823
Proportionate age group mortality	100	2·7	0·3	0·4	0·8	3·6	24·5	25·1	42·6

Table 3

Vital Statistics, 1958—Health Areas

Health Areas.	Home population.	Births registered.									Crude live birth rate per 1,000 home population.	Still birth rate per 1,000 total (live and still) births.	Deaths registered (all causes).	Crude death rate per 1,000 home population.	Number of deaths of infants under 1 year of age.	Infantile mortality rate per 1,000 live births.	Health Areas.
		Live.			Still.			Total.									
		Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
Area 1	204,480	2,632	113	2,745	57	3	60	2,689	116	2,805	13·4	21·4	2,105	10·3	50	18·2	Area 1
Area 2	170,580	2,084	86	2,170	39	1	40	2,123	87	2,210	12·7	18·1	2,088	12·2	40	18·4	Area 2
Area 3	214,370	3,226	267	3,493	51	9	60	3,277	276	3,553	16·3	16·9	2,456	11·5	71	20·3	Area 3
Area 4	220,580	2,706	144	2,850	40	1	41	2,746	145	2,891	12·9	14·2	2,408	10·9	45	15·8	Area 4
Area 5	214,300	2,738	92	2,830	46	1	47	2,784	93	2,877	13·2	16·3	1,992	9·3	48	17·0	Area 5
Area 6	299,900	4,340	396	4,736	73	7	80	4,413	403	4,816	15·8	16·6	2,841	9·5	98	20·7	Area 6
Area 7	248,360	3,444	174	3,618	60	6	66	3,504	180	3,684	14·6	17·9	2,625	10·6	61	16·9	Area 7
Area 8	229,780	3,525	139	3,664	59	4	63	3,584	143	3,727	15·9	16·9	1,905	8·3	71	19·4	Area 8
Area 9	215,080	2,743	141	2,884	34	5	39	2,777	146	2,923	13·4	13·3	2,393	11·1	52	18·0	Area 9
Area 10 ..	229,570	3,485	143	3,628	43	2	45	3,528	145	3,673	15·8	12·3	2,264	9·9	79	21·8	Area 10
The County ..	2,247,000	30,923	1,695	32,618	502	39	541	31,425	1,734	33,159	14·5	16·3	23,077	10·3	615	18·9	The County

Table 4

Vital Statistics, 1958—Sanitary Districts

Sanitary district.	Home population.	Births registered.									Crude live birth rate per 1,000 home population.	Birth comparability factor.*	Adjusted live birth rate per 1,000 home population.	Still birth rate per 1,000 total (live and still) births.	Deaths registered (all causes).	Crude death rate per 1,000 home population.	Death comparability factor.*	Adjusted death rate per 1,000 home population.	Number of deaths of infants under 1 year of age.	Infantile mortality rate per 1,000 live births.	Sanitary district.
		Live.			Still.			Total.													
		Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.											
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
Acton	65,360	921	69	990	17	1	18	938	70	1,008	15·1	0·94	14·2	17·9	718	11·0	1·04	11·4	22	22·2	Acton.
Brentford and Chiswick	57,150	746	54	800	9	2	11	755	56	811	14·0	0·94	13·2	13·6	641	11·2	1·00	11·2	14	17·5	Brentford and Chiswick.
Ealing	183,000	2,523	105	2,628	43	5	48	2,566	110	2,676	14·4	0·97	14·0	17·9	1,907	10·4	1·08	11·2	39	14·8	Ealing.
Edmonton	95,180	1,181	53	1,234	19	—	19	1,200	53	1,253	13·0	0·99	12·9	15·2	947	9·9	1·13	11·2	21	17·0	Edmonton.
Enfield	109,300	1,451	60	1,511	38	3	41	1,489	63	1,552	13·8	1·00	13·8	26·4	1,158	10·6	0·99	10·5	29	19·2	Enfield.
Feltham	50,780	810	34	844	9	—	9	819	34	853	16·6	0·97	16·1	10·6	375	7·4	1·58	11·7	18	21·3	Feltham.
Finchley	69,080	852	50	902	14	—	14	866	50	916	13·1	0·96	12·6	15·3	825	11·9	0·91	10·8	18	20·0	Finchley.
Friern Barnet	28,540	309	19	328	6	—	6	315	19	334	11·5	1·12	12·9	18·0	403	14·1	0·64	9·0	4	12·2	Friern Barnet.
Harrow	214,300	2,738	92	2,830	46	1	47	2,784	93	2,877	13·2	1·02	13·5	16·3	1,992	9·3	1·19	11·1	48	17·0	Harrow.
Hayes and Harlington	67,780	1,095	33	1,128	19	1	20	1,114	34	1,148	16·6	0·94	15·6	17·4	501	7·4	1·62	12·0	17	15·1	Hayes and Harlington.
Hendon	151,500	1,854	94	1,948	26	1	27	1,880	95	1,975	12·9	0·96	12·4	13·7	1,583	10·4	1·07	11·1	27	13·9	Hendon.
Heston and Isleworth	105,100	1,219	45	1,264	15	2	17	1,234	47	1,281	12·0	1·00	12·0	13·3	1,116	10·6	1·07	11·3	21	16·6	Heston and Isleworth.
Hornsey	96,670	1,600	145	1,745	30	2	32	1,630	147	1,777	18·1	0·93	16·8	18·0	1,137	11·8	0·90	10·6	33	18·9	Hornsey.
Potters Bar	22,000	389	9	398	10	—	10	399	9	408	18·1	0·90	16·3	24·5	169	7·7	1·38	10·6	4	10·1	Potters Bar.
Ruislip–Northwood	74,930	977	30	1,007	15	—	15	992	30	1,022	13·4	1·00	13·4	14·7	601	8·0	1·26	10·1	13	12·9	Ruislip–Northwood.
Southall	52,830	778	42	820	10	1	11	788	43	831	15·5	1·03	16·0	13·2	636	12·0	0·84	10·1	17	20·7	Southall.
Southgate	70,940	788	21	809	11	—	11	799	21	820	11·4	1·08	12·3	13·4	943	13·3	0·82	10·9	17	21·0	Southgate.
Staines	46,850	822	29	851	14	—	14	836	29	865	18·2	0·92	16·7	16·2	412	8·8	1·27	11·2	20	23·5	Staines.
Sunbury	28,440	543	14	557	8	—	8	551	14	565	19·6	0·90	17·6	14·2	299	10·5	1·13	11·9	8	14·4	Sunbury.
Tottenham	117,700	1,626	122	1,748	21	7	28	1,647	129	1,776	14·9	0·98	14·6	15·8	1,319	11·2	1·07	12·0	38	21·7	Tottenham.
Twickenham	103,500	1,310	66	1,376	12	2	14	1,322	68	1,390	13·3	1·03	13·7	10·1	1,178	11·4	0·95	10·8	33	24·0	Twickenham.
Uxbridge	63,120	1,063	53	1,116	17	3	20	1,080	56	1,136	17·7	0·91	16·1	17·6	628	9·9	1·30	12·9	33	29·6	Uxbridge.
Wembley	126,800	1,465	55	1,520	23	2	25	1,488	57	1,545	12·0	1·01	12·1	16·2	1,114	8·8	1·17	10·3	29	19·1	Wembley.
Willesden	173,100	2,875	341	3,216	50	5	55	2,925	346	3,271	18·6	0·92	17·1	16·8	1,727	10·0	1·13	11·3	69	21·5	Willesden.
Wood Green	49,100	598	37	635	12	1	13	610	38	648	12·9	1·00	12·9	20·1	573	11·7	0·87	11·3	15	23·6	Wood Green.
Yiewsley and West Drayton	23,950	390	23	413	8	—	8	398	23	421	17·2	0·90	15·5	19·0	175	7·3	1·44	10·5	8	19·4	Yiewsley and West Drayton.
The County	2,247,000	30,923	1,695	32,618	502	39	541	31,425	1,734	33,159	14·5	0·98	14·2	16·3	23,077	10·3	1·08	11·1	615	18·9	The County.

* Birth and death rates are calculated on the total population of the area. Clearly a population with a high proportion of women of child bearing age can be expected to have a higher birth rate than one with a lower proportion of such women even though the fertility rates of women (of the same age) were the same in both populations. Similarly a population with a high proportion of old people can be expected to have a higher death rate than one with a lower proportion of such persons. The presence of residential institutions is also taken into account. The comparability factors are a means of getting over these difficulties for purposes of comparison; the adjusted rates, though useful, are fictitious.

Table 5

Birth Rate

Year.	Live birth rate per 1,000 estimated mid-year population.		
	Middlesex.	London.	England and Wales.
(1)	(2)	(3)	(4)
1947	19·6	21·8	21·1
1948	16·1	18·2	18·1
1949	14·9 (13·9)	16·8 (15·3)	16·9
1950	13·9 (12·8)	15·8 (14·2)	15·9
1951	13·4 (12·3)	15·6 (14·0)	15·5
1952	13·3 (12·2)	15·3 (13·8)	15·3
1953	13·3 (12·9)	15·3 (13·3)	15·5
1954	13·1 (12·7)	15·3 (13·3)	15·2
1955	13·0 (12·6)	15·1 (13·3)	15·0
1956	13·7 (13·3)	15·9 (14·0)	15·7
1957	14·0 (13·8)	16·2 (14·4)	16·1
1958	14·5 (14·2)	16·7 (14·9)	16·4

Notes.—Rates for the years 1947–49 are based on civilian population.

Rates for 1950–1958 are based on home population.

Figures in brackets represent rates, adjusted for valid area comparisons by Registrar General's comparability factors.

The rates for 1958 are provisional and subject to correction.

Table 6

Premature Births 1958

Area.	Premature births notified (as adjusted by transfers).			Premature birth rateper 1,000 total births notified.
	Live births.	Still births.	Total premature births.	
(1)	(2)	(3)	(4)	(5)
1	153	28	181	65·7
2	89	20	109	47·8
3	264	34	298	83·4
4	144	23	167	59·1
5	129	19	148	51·3
6	334	52	386	79·8
7	207	39	246	66·0
8	229	35	264	69·7
9	192	18	210	72·8
10	178	2	180	50·3
County	1,919	270	2,189	66·1
London	4,171	629	4,800	83·5
England & Wales	50,766	8,679	59,445	77·8

Table 7

Infant Mortality

Year.	Middlesex.			London.	England and Wales.
	Live births.	Deaths under one year.	Rate per 1,000 related live births.		
(1)	(2)	(3)	(4)	(5)	(6)
1940	28,873	1,448	50·2	50	55
1941	25,512	1,327	52·0	68	59
1942	33,150	1,558	47·0	60	49
1943	35,339	1,536	43·5	58	49
1944	36,380	1,327	36·5	61	46
1945	33,398	1,296	38·8	53	46
1946	42,108	1,246	29·6	41	43
1947	43,955	1,386	31·5	37	41
1948	36,374	961	26·4	30	34
1949	33,849	818	24·2	27	32
1950	31,705	690	21·8	25	30
1951	30,469	719	23·6	25	30
1952	30,274	635	21·0	23	28
1953	30,039	629	20·9	24	27
1954	29,619	557	18·8	21	25
1955	29,355	566	19·3	23	25
1956	30,874	586	19·0	21	24
1957	31,584	561	17·8	22	23
1958 (*a*)	32,618	615	18·9	23	23

(*a*) 1958 figures provisional.

Table 8

Maternal Mortality

Mortality per 1,000 Total (Live and Still) Births

Year.	Middlesex.		England and Wales Rate.
	Number.	Rate.	
(1)	(2)	(3)	(4)
1947	48	1·07	1·17
1948	34	0·91	1·02
1949	33	0·96	0·98
1950	27	0·84	0·86
1951	17	0·55	0·79
1952	17	0·55	0·72
1953	22	0·72	0·76
1954	16	0·53	0·70
1955	14	0·47	0·64
1956	18	0·57	0·56
1957	13	0·40	0·47
1958 (*a*)	13	0·39	0·43

(*a*) Provisional.

Table 9

Incidence of Sickness in Middlesex Based on First Applications for Sickness Benefit Received by the Ministry of National Insurance

Quarter ending	First applications for sickness benefit.							
	1951.	1952.	1953.	1954.	1955.	1956.	1957.	1958.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
March	154,248	107,655	158,416	107,706	138,592	117,325	93,183	114,599
June	66,914	69,520	65,566	64,650	69,430	68,025	67,568	71,644
September ..	54,265	53,538	54,119	55,975	56,894	57,544	61,592	61,715
December ..	79,582	94,540	77,857	80,905	95,021	93,108	189,661	92,431
Total for year	355,009	325,253(*a*)	355,958	309,236	359,937(*a*)	336,002	412,004	340,389
Number of applications for sickness benefit per 1,000 population:—								
Middlesex ..	157	143	158	137	160	149	183	151
England & Wales	154	133	150	144	158	154	188	155

(*a*) 53 weeks.

Infectious Diseases

Table 10

Corrected Notifications of Infectious Diseases, 1958.

Boroughs and Urban Districts.	Scarlet fever.	Whooping cough.	Acute poliomyelitis.	Acute encephalitis.	Measles.	Diphtheria.	Acute pneumonia.	Dysentery.	Enteric or typhoid fever.	Paratyphoid fever.	Erysipelas.	Meningococcal infection.	Puerperal pyrexia.	Ophthalmia neonatorum.	Food poisoning.	Smallpox.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
Acton (Borough)	81	26	3	—	173	—	8	25	2	—	4	2	3	2	28	—
Brentford and Chiswick (Borough)	44	7	2	—	330	—	20	16	2	—	2	—	58	—	3	—
Ealing (Borough)	232	85	2	—	975	—	151	238	—	—	19	3	67	6	12	—
Edmonton (Borough)	217	25	—	3	686	—	40	52	—	—	6	1	110	11	85	—
Enfield (Borough)	101	17	4	—	1,196	—	74	10	—	1	17	2	36	11	12	—
Feltham	33	6	1	—	111	—	2	7	—	—	2	1	1	—	18	—
Finchley (Borough)	58	22	—	—	206	—	35	4	—	—	4	—	29	4	3	—
Friern Barnet	39	16	—	—	106	—	6	6	1	—	—	—	—	—	3	—
Harrow (Borough)	134	40	3	1	1,436	—	51	58	—	—	16	1	14	—	44	—
Hayes and Harlington	81	30	4	1	339	—	58	11	—	—	2	2	2	1	2	—
Hendon (Borough)	113	42	1	—	603	—	74	330	—	—	11	2	112	6	36	—
Heston and Isleworth (Borough)	62	44	—	—	275	—	45	15	1	—	6	—	70	1	73	—
Hornsey (Borough)	83	26	2	—	652	—	42	51	1	—	16	1	11	—	16	—
Potters Bar	11	6	1	—	20	—	6	1	—	—	—	—	—	—	2	—
Ruislip–Northwood	38	12	—	5	327	—	22	21	1	—	6	1	5	—	7	—
Southall (Borough)	45	149	1	2	476	—	67	22	—	—	14	1	3	—	6	—
Southgate (Borough)	56	12	—	—	207	—	23	39	—	1	5	2	—	—	9	—
Staines	46	28	1	—	601	—	7	3	1	—	2	1	1	—	16	—
Sunbury	14	6	—	4	112	—	1	5	—	—	1	1	—	—	1	—
Tottenham (Borough)	147	29	1	5	543	—	38	49	2	—	7	3	4	—	29	—
Twickenham (Borough)	38	30	1	—	456	—	64	67	2	—	11	—	3	2	43	—
Uxbridge (Borough)	64	16	2	6	343	—	74	34	1	—	18	2	111	—	2	—
Wembley (Borough)	79	22	—	—	875	—	64	13	1	—	9	—	29	5	17	—
Willesden (Borough)	122	70	4	—	1,939	—	97	93	—	—	11	4	120	1	38	—
Wood Green (Borough)	77	40	2	—	421	—	34	40	1	—	1	—	1	—	1	—
Yiewsley and West Drayton	45	12	2	2	221	—	21	10	—	—	—	1	1	—	38	—
The County	2,060	818	37	29	13,629	—	1,124	1,220	16	2	190	31	791	50	544	—

Table 11

Age Distribution of notified Cases (Corrected) and of Deaths, Acute Poliomyelitis, 1958

1958.	Age in years.					All ages.
	Under 1.	1—	5—	15—	25 and over.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Number of cases:—						
First quarter ..	1	2	4	2	3	12
Second quarter ..	—	1	3	—	—	5*
Third quarter ..	—	—	3	1	3	7
Fourth quarter ..	—	1	6	3	3	13
Whole year ..	1	4	16	6	9	37*
Number of deaths ..	—	1	1	—	1	3

* Includes 1 case age unknown.

Table 12

Vaccination against Poliomyelitis during 1958

Area.	Number of persons who had:		
	received a third injection during the year.	completed a course of two injections during the year.	received one injection only at any time up to 31st December.
(1)	(2)	(3)	(4)
1	10,025	21,953	267
2	4,564	17,525	3,964
3	6,939	20,146	758
4	9,968	26,260	720
5	4,038	26,670	421
6	9,078	27,583	1,395
7	12,217	33,155	1,147
8	9,823	35,762	1,302
9	7,799	22,421	2,231
10	12,685	26,816	671
County	87,136	258,291	12,876

Table 13

Number of Notifications Received of Persons Primarily Vaccinated or Re-Vaccinated against Smallpox during 1958

Area.	Age in years.				
	Under 1.	1—4.	5—14.	15 and over.	All ages.
(1)	(2)	(3)	(4)	(5)	(6)
1	1,141	508	151	417	2,217
2	1,209	102	100	387	1,798
3	2,341	149	106	489	3,085
4	1,736	132	157	1,055	3,080
5	1,720	272	196	881	3,069
6	1,858	370	191	872	3,291
7	1,928	261	210	868	3,267
8	2,008	148	216	598	2,970
9	1,702	196	130	555	2,583
10	2,389	218	166	704	3,477
London Airport ..	—	—	—	85	85
The County ..	18,032	2,356	1,623	6,911	28,922

Table 14
Diphtheria

Year. (1)	Cases notified. (2)	Fatal cases. (3)	Number of children under 15 years immunised during the year (primary plus booster injections). (4)
1940	929	42	—
1941	980	59	—
1942	769	53	197,796
1943	618	24	49,830
1944	266	14	23,528
1945	331	19	31,326
1946	350	13	45,857
1947	129	3	48,414
1948	57	5	57,721
1949	23	—	49,083
1950	10	2	40,398
1951	4	—	52,065
1952	2	1	49,951
1953	4	—	50,076
1954	8	1	54,203
1955	2	—	44,298
1956	2	—	49,721
1957	2	—	43,551
1958	—	—	42,114

Table 15
Number of Children Immunised and Given Reinforcing Injections Against Diphtheria during 1958

Area. (1)	Number of children immunised.			Number of children under 15 years of age given reinforcing injections. (5)
	Under 5 years. (2)	5–14 years. (3)	Total, aged 0–14 years. (4)	
1	1,892	129	2,021	1,881
2	1,600	128	1,728	2,320
3	3,170	255	3,425	1,817
4	2,207	105	2,312	1,913
5	1,907	24	1,931	879
6	3,025	137	3,162	1,014
7	2,611	36	2,647	1,496
8	2,859	112	2,971	2,764
9	2,252	30	2,282	226
10	3,099	138	3,237	2,088
County ..	24,622	1,094	25,716	16,398

Table 16

Number of Children Immunised against Diphtheria up to 31st December, 1958

Area.	Number of children protected to date according to age and year of primary or secondary injections.						
	Under 5.	Age 5–14 years.			Total under 15 years.		
	Immunised 1954—1958.	Immunised 1954—1958.	Immunised 1953 or before.	Total immunised 1958 or before.	Immunised 1954—1958.	Immunised 1953 or before.	Total immunised 1958 or before.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	7,657	15,527	12,746	28,273	23,184	12,746	35,930
2	5,837	15,105	7,871	22,976	20,942	7,871	28,813
3	9,134	10,379	17,938	28,317	19,513	17,938	37,451
4	8,170	13,286	17,555	30,841	21,456	17,555	39,011
5	8,376	9,318	20,551	29,869	17,694	20,551	38,245
6	9,686	8,337	29,947	38,284	18,023	29,947	47,970
7	10,043	17,492	14,082	31,574	27,535	14,082	41,617
8	9,642	15,086	17,827	32,913	24,728	17,827	42,555
9	7,581	15,031	9,496	24,527	22,612	9,496	32,108
10	10,181	13,593	17,835	31,428	23,774	17,835	41,609
County ..	86,307	133,154	165,848	299,002	219,461	165,848	385,309
Estimated mid-year child population ..	146,800		309,000			455,800	
Percentage of protected population in age group	58·8	43·1	53·7	96·8	48·1	36·4	84·5

Table 17

Number of Children Immunised and given Reinforcing Injections against Whooping Cough during 1958

Area.	Number of children immunised			Number of children under 15 years of age given reinforcing injections.
	Under 5 years.	5–14 years.	Total, aged 0–14 years.	
(1)	(2)	(3)	(4)	(5)
1	1,645	19	1,664	226
2	1,144	8	1,152	97
3	2,010	15	2,025	67
4	1,980	12	1,992	78
5	1,891	17	1,908	523
6	2,760	33	2,793	367
7	1,959	18	1,977	256
8	2,791	40	2,831	616
9	2,002	20	2,022	73
10	3,003	40	3,043	542
County ..	21,185	222	21,407	2,845

Tuberculosis

Table 18

Summary of Work of Chest Clinics, 1958

(1)	Ashford. (2)	Ealing. (3)	Edgware. (4)	Edmonton. (5)	Finchley. (6)	Harrow. (7)	Hounslow. (8)	Potters Bar. (9)	Tottenham. (10)	Uxbridge. (11)	Willesden. (12)	The County. (13)
Population in area served (approx.)	168,500	248,360	218,970	204,480	265,230	195,010	223,320	22,000	166,800	282,610	251,720	2,247,000
Persons examined for the first time during the year	4,167	4,700	10,728	4,997	4,594	8,896	2,526	706	5,170	10,114	4,048	60,646
Persons found to be tuberculous	76	155	164	107	118	107	174	13	139	177	170	1,400
New contacts seen for the first time during the year	473	2,479	821	617	873	1,171	1,004	21	906	1,142	845	10,352
New contacts found to be tuberculous	6	21	5	8	9	3	32	—	28	14	12	8 13
Cases on register at 31st December, 1958 ..	1,122	2,177	1,508	2,092	2,119	1,920	2,454	164	2,049	2,710	2,479	20,794
Home visits by tuberculosis visitors during 1958 (*a*) ..	1,858	6,084	4,172	4,322	3,933	3,262	5,306	431	2,895	6,014	4,844	43,121

(*a*) Effective visits only. These should not be compared with years prior to 1955 when *total* visits were shown.

Table 19

Summary of the Work of Chest Clinic Welfare Officers, 1958

(1)	Ashford. (2)	Ealing (3)	Edgware. (4)	Edmonton. (5)	Finchley. (6)	Harrow. (7)	Hounslow. (8)	Potters Bar. (9)	Tottenham. (10)	Uxbridge. (11)	Willesden. (12)	County (13)
Patients dealt with by the Welfare Officer	414	571	600	835	389	484	893	10	756	908	870	6,730
Patients who consulted the Welfare Officer regarding employment or training	33	57	89	66	44	43	126	2	59	125	81	725
Number for whom employment or training was found	18	46	46	41	24	23	118	—	61	57	59	493
Individual patients referred to the National Assistance Board for grants for:—												
(*a*) Bedding	4	1	3	6	—	—	6	—	7	4	3	34
(*b*) Clothing	6	16	3	13	5	2	14	—	11	10	8	88
(*c*) Extra nourishment	3	11	13	27	14	5	13	—	37	8	28	159
(*d*) Any other purpose	37	55	61	122	37	35	51	1	80	65	82	626
Total individual patients referred to the National Assistance Board ..	47	74	72	151	51	39	75	1	104	70	102	786
Cases recommended for re-housing	39	69	56	51	26	9	14	1	98	58	17	438
Families re-housed.. ..	7	20	20	13	7	7	9	—	38	16	13	150
Contacts first received into care by the Children's Officer during the year:—												
(*a*) For B.C.G. vaccination only ..	2	1	1	—	2	—	—	—	—	2	—	8
(*b*) Otherwise than for B.C.G. vaccination	3	1	7	2	4	4	—	—	11	12	—	48†

† Includes 4 contacts referred from other sources.

Table 20

New Cases of, and Deaths from Tuberculosis, Notified to Medical Officers of Health during 1958, Classified into Age Groups

Age in years.	New Cases.				Deaths.			
	Pulmonary.		Non-pulmonary.		Pulmonary.		Non-pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Under 1 ..	6	4	1	1	—	1	—	—
1—	18	13	2	1	—	—	—	—
5—	11	15	1	1	—	—	—	—
10—	9	15	1	2				
15—	47	54	6	6				
20—	81	85	10	13	1	1	1	—
25—	130	139	20	23				
35—	96	67	8	17	17	9	1	2
45—	150	56	10	11				
55—	142	34	8	4	55	15	5	8
65 and over ..	84	34	3	16	38	11	2	3
All Ages ..	774	516	70	95	111	37	9	13

Table 21

Notification of Tuberculosis Cases and Deaths, 1926–1958

Year.	Estimated County civilian population (mid-year).	Formal notifications.						Deaths registered.					
		All forms.		Pulmonary.		Non-pulmonary.		All forms.		Pulmonary.		Non-pulmonary.	
		No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1926	1,325,260	2,009	1·52	1,655	1·25	354	·27	1,138	·86	944	·71	194	·15
1927	1,352,040	2,015	1·50	1,621	1·20	394	·30	1,193	·88	1,024	·76	169	·12
1928	1,416,600	1,819	1·28	1,478	1·04	341	·24	1,071	·76	909	·64	162	·12
1929	1,458,810	1,911	1·31	1,606	1·10	305	·21	1,215	·83	1,058	·73	157	·10
1930	1,560,120	2,015	1·29	1,623	1·04	392	·25	1,164	·75	981	·63	183	·12
1931	1,639,300	2,120	1·29	1,749	1·07	371	·22	1,160	·71	989	·60	171	·11
1932	1,702,530	2,108	1·24	1,733	1·02	375	·22	1,144	·67	965	·57	179	·10
1933	1,756,820	2,082	1·19	1,750	1·00	332	·19	1,224	·70	1,046	·60	178	·10
1934	1,810,200	2,098	1·16	1,767	0·98	331	·18	1,266	·70	1,086	·60	180	·10
1935	1,866,800	2,151	1·15	1,826	0·98	325	·17	1,187	·64	1,028	·55	159	·09
1936	1,940,400	2,151	1·11	1,833	0·94	318	·17	1,257	·65	1,096	·56	161	·09
1937	2,014,500	2,312	1·15	1,932	0·96	380	·19	1,177	·58	1,008	·50	169	·08
1938	2,058,300	2,469	1·20	2,048	0·99	421	·21	1,109	·54	932	·45	177	·09
1939	2,056,100	2,313	1·12	1,952	0·95	361	·17	1,174	·57	1,012	·49	162	·08
1940	1,952,100	2,410	1·23	2,043	1·04	367	·19	1,217	·62	1,055	·54	162	·08
1941	1,874,900	2,804	1·49	2,435	1·29	369	·20	1,326	·70	1,154	·61	172	·09
1942	1,929,900	3,081	1·60	2,617	1·36	468	·24	1,204	·62	1,040	·54	164	·08
1943	1,938,000	3,110	1·60	2,675	1·38	435	·22	1,191	·61	1,042	·54	149	·07
1944	1,902,500	2,944	1·54	2,595	1·36	349	·18	1,066	·56	920	·48	146	·08
1945	1,958,000	2,879	1·47	2,504	1·28	375	·19	1,035	·53	900	·46	135	·07
1946	2,178,010	3,018	1·38	2,668	1·22	350	·16	1,039	·48	894	·41	145	·07
1947	2,248,180	3,010	1·34	2,704	1·20	306	·14	962	·43	855	·38	107	·05
1948	2,262,700	3,185	1·41	2,828	1·25	357	·16	907	·40	790	·35	117	·05
1949	2,273,180	3,021	1·33	2,746	1·21	275	·12	852	·38	765	·34	87	·04
1950	2,287,390*	2,776	1·21	2,477	1·08	299	·13	622	·27	567	·25	55	·02
1951	2,268,000*	2,727	1·20	2,416	1·07	311	·14	582	·26	528	·23	54	·02
1952	2,270,000*	2,474	1·09	2,208	0·97	266	·12	437	·19	386	·17	51	·02
1953	2,259,700*	2,507	1·11	2,264	1·00	243	·11	362	·16	327	·14	35	·02
1954	2,256,000*	2,147	0·95	1,925	0·85	222	·10	320	·14	292	·13	28	·01
1955	2,252,000*	1,927	0·86	1,706	0·76	221	·10	266	·12	244	·11	22	·01
1956	2,251,000*	1,762	0·78	1,568	0·70	194	·09	234	·10	214	·10	20	·01
1957	2,249,000*	1,608	0·71	1,425	0·63	183	·08	201	·09	182	·08	19	·01
1958	2,247,000*	1,455	0·65	1,290	0·57	165	·07	170	·08	148	·07	22	·01

All rates are per 1,000 population.

* Home population.

Venereal Disease

Table 22

Middlesex Patients Treated at Hospitals

Persons dealt with at clinics for the first time and found to be suffering from	1949.	1950.	1951.	1952.	1953.	1954.	1955.	1956.	1957.	1958.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Syphilis	385	356	279	235	195	148	172	203	164	157
Gonorrhoea ..	539	485	426	490	618	412	502	534	563	667
Other conditions ..	3,860	3,925	3,029	2,977	3,336	2,730	3,165	3,105	3,047	2,905
Totals	4,784	4,766	3,734	3,702	4,149	3,290	3,839	3,842	3,774	3,729

Health Control of London Airport

Table 23

Work Carried out during 1958

Planes arriving	38,471
Passengers arriving:—	
British	679,709
Alien	516,108
Total	1,195,817
Planes issued with disinsectisation certificates	1,499
Sick passengers needing ambulance or car arrangements	2,233
Vaccinations carried out	85
Aliens inspected under Aliens Order	2,288
Aliens refused entry on medical certificate	22
Notifications sent to medical officers of health for surveillance of passengers ..	70

Table 24

Place of departure of planes arriving at London Airport.	1st January to 30th June, 1958. Number of		1st July to 31st December, 1958. Number of		Total, 1958.	
	Aircraft.	Passengers.	Aircraft.	Passengers.	Aircraft.	Passengers.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Excepted Area	8,051	239,343	9,558	326,310	17,609	565,653
Europe outside Excepted Area	5,239	148,498	6,546	202,128	11,785	350,626
North America	2,039	67,261	2,379	80,333	4,418	147,594
Central and South America	172	6,316	139	4,682	311	10,998
Africa	952	27,885	972	30,038	1,924	57,923
Asia	1,247	31,490	1,177	31,533	2,424	63,023
Total	17,700	520,793	20,771	675,024	38,471	1,195,817

Maternal and Child Health

Table 25

Ante-Natal and Post-Natal Clinics Provided by the County Council

Area.	Number of clinics provided at end of 1958.	Average number of sessions held per month during year.	Number of women in attendance				Total number of attendances made by women included in columns (4) and (5) during 1958.	
			Number of women who attended during 1958.		Number of new cases included in columns (4) and (5).			
			Ante-natal.	Post-natal.	Ante-natal.	Post-natal.	Ante-natal.	Post-natal.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	10 (1)	48 (4)	1,569	684 (473)	1,205	684 (473)	8,658	932 (687)
2	8	38	1,140	347	1,004	347	5,662	365
3	9	99	3,123 (*a*)	1,182 (*a*)	2,347 (*a*)	1,157 (*a*)	16,766 (*a*)	1,185 (*a*)
4	11	55	1,710	242	1,376	226	7,329	257
5	16	61	1,829	109	1,442	109	7,822	146
6	19 (4)	104 (4)	3,634	146 (101)	3,254	137 (93)	18,318	218 (173)
7	13	94	3,197	263	2,454	262	15,631	288
8 (*b*)	17	65	2,003	159	1,543	119	7,138	169
9	8	48	1,398	156	1,126	154	6,490	164
10	15	50	1,684	211	1,273	211	6,847	239
County	126 (5)	662 (8)	21,287	3,499 (574)	17,024	3,406 (566)	100,661	3,963 (860)

The figures in brackets relate to separate post-natal clinics and are included in the main post-natal figures.

(*a*) Includes cases seen by a consultant provided by the Regional Hospital Board. These arrangements ceased with effect from 27th October, 1958.

(*b*) Numbers include one mobile unit.

Table 26
Child Welfare Centres Provided by County Council

Area.	Number of centres provided at end of 1958.	Number of child welfare sessions now held per month at centres in column (2).	Number of children who first attended a centre during 1958, and who at their first attendance were under 1 year of age.	Number of children who attended during 1958 and who were born in:			Total number of children who attended during 1958.	Number of attendances during 1958 made by children who at the date of attendance were:			Total attendances during 1958.
				1958.	1957.	1956–53.		Under 1 year	1 but under 2	2 but under 5	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1	14	104	2,463	2,159	1,753	2,564	6,476	38,007	9,496	10,033	57,536
2	13	112	2,261	1,894	1,881	3,529	7,304	32,454	9,053	11,256	52,763
3	10	168	3,550	2,971	2,645	4,264	9,880	47,444	7,907	6,615	61,966
4	16	116	2,645	2,496	2,330	4,142	8,968	38,969	11,104	11,715	61,698
5	17	114	2,521	2,358	2,214	3,722	8,294	38,982	6,491	6,095	51,568
6	14	172	4,496	3,877	2,794	3,209	9,880	56,765	9,682	6,796	73,243
7	15	160	3,178	2,886	2,477	3,937	9,300	45,933	9,026	7,581	62,540
8 (*a*) ..	21	172	3,393	3,164	2,721	5,038	10,923	52,943	10,531	15,166	78,640
9	9	94	2,683	2,173	1,976	2,060	6,209	34,645	5,751	3,924	44,320
10	16	176	3,269	3,020	2,840	4,051	9,911	57,702	11,700	12,411	81,813
County ..	145	1,388	30,459	26,998	23,631	36,516	87,145	443,844	90,651	91,592	626,087

Note.—The following figures relate to child welfare centres held at Queen Charlotte's Hospital and at the R.A.F. Station, Stanmore, at each of which the County Council provides a health visitor only. (The figures are *not* included in the main table.)

Queen Charlotte's Hospital ..	1	4	46	41	31	6	78	646	45	14	705
R.A.F., Stanmore	1	4	37	28	34	20	82	439	80	51	570

(*a*) Numbers include 1 Mobile Clinic.

Table 27

Priority Dental Service 1958

Expectant and Nursing Mothers

Area.	Examined.	Needing treatment.	Treated.	Made dentally fit.	Attendances for treatment.	Extractions.	Anaesthetics.		Fillings.	Scalings and gum treatment.	Dressings.	Radiographs.	Dentures provided.	
							Local.	General.					Complete.	Partial.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
1 ..	225	201	179	130	479	434	64	106	163	44	38	15	26	17
2 ..	131	129	170	50	694	270	138	49	305	87	113	10	24	42
3 ..	174	171	155	64	758	274	100	36	374	108	126	11	14	29
4 ..	204	177	267	136	1,328	447	313	68	835	82	157	62	41	79
5 ..	96	95	111	90	388	121	25	36	193	57	53	6	23	23
6 ..	529	512	521	265	2,146	556	402	103	1,413	370	341	45	25	78
7 ..	375	357	358	176	1,423	590	379	103	781	204	190	118	42	58
8 ..	273	263	232	102	1,070	391	175	87	641	104	92	83	21	46
9 ..	312	302	368	194	1,601	732	478	151	840	180	187	81	60	55
10 ..	636	602	555	399	2,344	915	560	167	1,326	288	272	230	95	108
County	2,955	2,809	2,916	1,606	12,231	4,730	2,634	906	6,871	1,524	1,569	661	371	535

Children under Five Years

Area.	Examined.	Needing treatment.	Treated.	Made dentally fit.	Attendances for treatment.	Extractions.	Anaesthetics.		Fillings.	Silver nitrate dressings.	Dressings.	Radiographs.	Dentures provided.	
							Local.	General.					Complete.	Partial.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
1 ..	376	310	319	160	672	258	1	159	179	1,182	50	1	—	—
2 ..	472	369	461	198	931	224	16	117	544	348	183	1	—	—
3 ..	562	523	479	172	981	432	56	193	469	503	150	—	—	—
4 ..	364	272	440	284	1,359	370	13	198	1,120	134	242	7	—	2
5 ..	284	266	280	276	743	180	6	91	662	301	169	—	—	—
6 ..	1,115	844	850	684	2,285	515	15	266	1,682	1,053	497	4	—	—
7 ..	593	542	513	367	1,393	604	8	268	838	301	387	—	—	—
8 ..	480	428	453	372	1,321	320	104	126	1,278	109	68	20	—	—
9 ..	363	336	398	229	959	699	5	352	362	291	157	2	1	1
10 ..	1,097	869	769	812	2,236	1,036	23	503	1,472	478	558	—	—	—
County	5,706	4,759	4,962	3,554	12,880	4,638	247	2,273	8,606	4,701	2,461	35	1	3

Table 28

Care of Premature Infants, 1958

Area.	Number of premature babies born alive to mothers normally resident in the County, but excluding babies born in maternity homes or hospitals in the National Health Service.		Born at home and nursed entirely at home.			Born at nursing homes and nursed entirely at nursing homes.		
	Born at home.	Born in private nursing homes.	Number born.	Died during first 24 hours.	Survived to end of 28 days.	Number born.	Died during first 24 hours.	Survived to end of 28 days.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	30	—	28	1	27	—	—	—
2	13	—	13	—	13	—	—	—
3	49	5	46	—	42	5	—	5
4	15	5	14	1	13	5	—	5
5	16	5	16	—	16	4	—	4
6	47	3	41	—	41	3	—	3
7	20	1	17	1	16	1	—	1
8	32	1	29	—	29	1	—	1
9	30	—	25	—	25	—	—	—
10	33	2	30	1	29	2	—	2
County	285	22	259	4	251	21	—	21

Table 29

Mother and Baby Homes

Name and address of home or hostel.	Number of beds.				Average length of stay. (weeks).	
	Total beds (excluding maternity and labour and cots).	Maternity (excluding labour and isolation).	Labour beds.	Cots.	Ante-natal.	Post-natal.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
A.—Provided by the County Council.						
"Amherst Lodge," 47, Amherst Road, Ealing, W.13 ..	24	—	—	11	$4\frac{4}{7}$	$5\frac{3}{7}$
" Belle Vue," 167, Willesden Lane, Kilburn, N.W.6 ..	12	—	—	12	$4\frac{3}{7}$	6
"Red Gables," 113, Crouch Hill, Hornsey, N.8.. ..	15	—	—	12	$5\frac{1}{7}$	$5\frac{3}{7}$
" Guilford House," 92–94, Torrington Park, N.12 ..	28	—	—	14	$4\frac{5}{7}$	$5\frac{4}{7}$
B.—Provided or used by Voluntary Organisations with which the County Council makes arrangements under Section 22.						
" Beacon Lodge," 35, Eastern Road, Finchley, N.2 ..	14	2	1	14	$5\frac{6}{7}(a)$	$6\frac{6}{7}(a)$

Total number of women admitted during the year to homes and hostels shown above (ignoring re-admissions to the same home after confinement) 530

Number of admissions for which the County Council was responsible 492

Number of cases sent by the County Council during the year to mother and baby homes other than those mentioned above:—

Expectant mothers 193

Post-natal cases 11

(*a*) Relates to the 34 Middlesex cases only.

Table 30

Day Nurseries Provided by County Council as at 31st December, 1958

Area.	Number.	Number of approved places.	Number of children on the register at the end of the year.		Average daily attendance during the year.	
			Age.		Age.	
			Under 2 years.	2–5.	Under 2 years.	2–5.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	1	55	20	41	13·3	36·7
2	1	30	4	23	3·2	19·9
3	3	168	56	99	37·8	90·0
4	2	110	12	55	12·0	46·4
5	2	110	29	51	17·4	41·9
6	10	490	246	287	192·7	227·0
7	5	214	64	121	50·3	83·5
8	4	150	33	68	19·0	52·7
9	2	86	14	33	11·4	24·8
10	3	100	23	57	15·5	45·3
County ..	33	1,513	501	835	372·9	668·4

Table 31

Administration of Analgesics

Area.	Number of midwives in practice in the County at the end of the year qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board.			Number of sets of apparatus for the administration of inhalational analgesics in use at the end of the year by domiciliary midwives employed by the County Council.		Number of cases in which analgesics were administered by midwives in domiciliary practice during the year.		
	Domiciliary.	In institutions.	Total.	Gas and air.	Trilene.	Gas and air.	Trilene.	Pethidine.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1 ..	16	41	57	19	2	655	99	517
2 ..	10	2	12	12	3	354	107	321
3 ..	9	10	19	7	3	588	65	483
4 ..	11	43	54	13	3	374	134	310
5 ..	11	2	13	13	4	556	200	273
6 ..	11	54	65	11	2	676	33	273
7 ..	15*	19	34*	9	3	635	187	338
8 ..	18	29	47	18	1	960	9	483
9 ..	12*	53	65*	9	3	422	83	328
10 ..	17	14	31	22	3	801	199	488
County ..	127	267	394	133	27	6,021	1,116	3,814

* Including 3 midwives who practise in both areas 7 and 9.

Table 32

Midwifery

Area.	Number of midwives practising in the area of the Local Supervising Authority at 31st December, 1958, and the number of maternity cases in the County attended by midwives during the year.																											
	Midwives employed by the County Council.						Midwives employed by voluntary organisations, otherwise than under arrangements with the local health authority, including hospitals not transferred to the Minister under the National Health Service Act.						Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act.						Midwives in private practice (including midwives employed in nursing homes).						Total.					
	Domiciliary.		Institutional.		Total.		Domiciliary.		Institutional.		Total.		Domiciliary.		Institutional.		Total.		Domiciliary.		Institutional.		Total.		Domiciliary.		Institutional.		Total.	
	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
1	17 (1)	897	—	—	17 (1)	897	—	—	—	—	—	—	—	—	37	2,895	37	2,895	—	—	4	173	4	173	17 (1)	897	41	3,068	58 (1)	3,965
2	8 (1)	503	—	—	8 (1)	503	—	—	—	—	—	—	—	1	—	—	—	1	2	4	4	21	6	25	10 (1)	508	4	21	14 (1)	529
3	10 (1)	698	—	—	10 (1)	698	—	—	2	60	2	60	—	6	8	669	8	675	—	—	—	—	—	—	10 (1)	704	10	729	20 (1)	1,433
4	12 (1) [4]	496	—	—	12 (1) [4]	496	—	—	—	—	—	—	—	—	39	1,740	39	1,740	—	5	4	58	4	63	12 (1) [4]	501	43	1,798	55 (1) [4]	2,299
5	12 (1)	745	—	—	12 (1)	745	—	—	—	—	—	—	—	—	—	—	—	—	—	5	3	130	3	135	12 (1)	750	3	130	15 (1)	880
6	12 (1)	796	—	—	12 (1)	796	—	—	—	—	—	—	—	—	54	3,327	54	3,327	—	—	—	—	—	—	12 (1)	796	54	3,327	66 (1)	4,123
7	11 (1)	740	—	—	11 (1)	740	—	—	—	—	—	—	4*	179	15	1,282	19*	1,461	1	—	4	54	5	54	16 (1) *	919	19	1,336	35 (1) *	2,255
8	19 (1) [1]	1,083	—	—	19 (1) [1]	1,083	—	—	—	—	—	—	—	—	31	2,043	31	2,043	—	—	—	8	—	8	19 (1) [1]	1,083	31	2,051	50 (1) [1]	3,134
9	9 (1)	481	—	—	9 (1)	481	—	—	—	—	—	—	4*	110	53	2,836	57*	2,946	—	—	—	—	—	—	13 (1) *	591	53	2,836	66 (1) *	3,427
10	17 (1)	1,174	—	—	17 (1)	1,174	—	—	—	—	—	—	—	—	12	754	12	754	—	—	2	41	2	41	17 (1)	1,174	14	795	31 (1)	1,969
County ..	127 (10) [5]	7,613	—	—	127 (10) [5]	7,613	—	—	2	60	2	60	5	296	249	15,546	254	15,842	3	14	21	485	24	499	135 (10) [5]	7,923	272	16,091	407 (10) [5]	24,014

1. *Number of midwives.* 2. *Number of cases attended.*

The figures in parentheses ( ) show the number of non-medical supervisory staff. The figures in brackets [ ] relate to home nurse/midwives.

All figures in brackets and parentheses are included in main totals.

* 3 midwives employed by Queen Charlotte's Hospital practise in both Areas 7 and 9.

TABLE 33

HEALTH VISITING. (*See* note (*b*))

Area.	Number of health visitors employed at 31st December, 1958.		Equivalent of whole-time services devoted by health visitors included in columns (2) & (3) to services provided under the National Health Service Act. (*a*)	Number of visits paid by health visitors shown in column (4) during 1958.								Number of families visited during 1958. (*c*)
				Expectant mothers.		Children under 1 year of age.		Children age 1 but under 2.	Children age 2 but under 5.	Other Classes.	All Classes.	
	Whole-time on health visiting.	Part-time on health visiting. (*a*)		First visits.	Total visits.	First visits.	Total visits.	Total visits.	Total visits.	Total visits. (*c*)	Total visits. (*c*)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1 ..	—	20 (2)	15·9 (1·0)	679	916	2,765	11,286	5,687	9,907	1,706	29,502	7,985
2 ..	—	23 (1)	16·2 (0·9)	838	1,871	2,336	11,932	7,338	10,989	5,109	37,239	9,115
3 ..	1	30 (1)	27·5 (0·7)	1,982	3,358	4,136	16,025	7,771	12,643	6,051	45,848	10,979
4 ..	—	28 (1)	17·1 (0·6)	915	1,373	2,718	9,172	4,300	9,429	2,509	26,783	9,391
5 ..	—	20 (1)	17·4 (0·9)	1,383	1,936	3,012	10,985	5,442	11,364	852	30,579	12,769
6 ..	—	45 (2)	30·5 (1·1)	2,945	4,619	5,150	19,916	9,621	16,296	3,177	53,629	10,903
7 ..	—	27 (2)	23·0 (1·7)	1,210	1,851	3,562	15,930	8,364	14,474	3,323	43,942	12,027
8 ..	—	28 (1)	23·2 (0·9)	1,707	3,173	3,674	17,614	7,769	15,418	3,863	47,837	11,018
9 ..	—	20 (2)	16·3 (1·5)	1,573	3,018	2,803	17,214	9,126	19,366	2,861	51,585	9,280
10 ..	—	30 (2)	23·3 (1·6)	784	1,235	4,095	13,526	6,417	13,368	832	35,378	9,734
COUNTY ..	1	271 (15)	210·4 (10·9)	14,016	23,350	34,251	143,600	71,835	133,254	30,283	402,322	103,201

(*a*) Figures in parentheses relate to superintendents and deputy superintendents which are included in the total.
(*b*) This table excludes tuberculosis health visitors and their visits. (*See* Table 18.)
(*c*) This table excludes visits to families by the health visitor/school nurses whilst acting solely in their capacity as school nurses.

Table 34

Home Nursing

Areas.	Number of home nurses employed at 31st December, 1958.			Medical.		Surgical.		Infectious diseases.		Tuberculosis.		Maternal complications.		Others.		Totals.		Patients included in column (17) who were 65 or over at the time of the first visit during 1958.		Children included in column (17) who were under 5 at the time of the first visit during 1958.		Patients included in column (17) who have had more than 24 visits during 1958.	
	Whole-time on home nursing.	Part-time on home nursing.	Equivalent of whole-time to home nursing service.	*a.*	*b.*	*a.*	*b.*	*a.*	*b.*	*a.*	*b.*	*a.*	*b.*	*a.*	*b.*	*a.*	*b.*	*a.*	*b.*	*a.*	*b.*	*a.*	*b.*
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)
1 ..	26	1 (1)	26·5	2,280	67,490	257	7,853	3	15	98	5,999	14	376	2	35	2,654	81,768	1,411	51,008	32	296	510	69,682
2 ..	24	4 (1)	26·0	2,676	70,828	122	3,863	2	16	66	2,310	34	353	—	—	2,900	77,370	1,585	55,904	57	508	742	62,992
3 ..	20	7 (1)	24·2	2,896	70,499	213	4,874	4	51	58	3,850	2	12	—	—	3,173	79,286	1,792	49,278	36	186	740	60,842
4 ..	18	16 (2)	26·7	2,810	71,172	379	13,813	3	78	75	4,085	7	35	1	3	3,275	89,186	1,853	59,125	89	752	869	68,954
5 ..	21	7 (1)	25·2	2,320	52,863	182	4,204	—	—	38	1,667	35	294	—	—	2,575	59,028	1,474	37,807	43	260	665	45,082
6 ..	37 (1)	7 (1)	41·1	4,691	111,445	478	15,110	29	229	146	6,427	37	332	—	—	5,381	133,543	2,767	91,680	173	1,001	1,378	107,762
7 ..	33 (1)	10 (1)	38·4	4,428	99,075	209	7,155	22	145	150	7,435	58	391	—	—	4,867	114,201	2,529	72,733	124	727	1,193	88,472
8 ..	26	4 (1)	28·1	2,907	68,649	313	7,548	12	109	96	4,348	33	265	5	6	3,366	80,925	1,508	50,167	93	575	832	63,850
9 ..	29	4 (1)	31·0	2,986	70,128	213	5,456	16	217	252	11,773	36	236	—	—	3,503	87,810	1,934	57,069	57	320	976	70,374
10 ..	31	3 (1)	32·3	2,898	72,959	307	11,262	2	10	179	10,136	45	478	3	10	3,434	94,855	1,880	63,203	52	735	939	73,495
County ..	265 (2)	63 (11)	299·5	30,892	755,108	2,673	81,138	93	870	1,158	58,030	301	2,772	11	54	35,128	897,972	18,733	587,974	756	5,360	8,844	711,505

a. Numbers of cases attended by home nurses during the year.

b. Numbers of visits paid by home nurses during the year.

The figures in parentheses relate to supervisors and are included in the total.

Table 35

Domestic Help

Area.	Number of home helps employed at 31st December, 1958.		Equivalent of whole-time services devoted by home helps in columns 2 and 3.	Number of cases in which domestic help was provided during 1958.				
	Whole-time.	Part-time.		Maternity (including expectant mothers).	Tuberculosis.	Chronic sick including aged and infirm.	Others.	Total.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	3	122	75·3	145	56	745	231	1,177
2	1	127	73·9	171	27	913	218	1,329
3	6	164	99·5	116	47	1,422	130	1,715
4	2	58	43·8	215	26	503	274	1,018
5	1	59	35·5	247	23	511	246	1,027
6	4	120	82·2	159	38	885	330	1,412
7	9	235	161·7	256	46	1,481	178	1,961
8	26	141	102·1	253	48	533	325	1,159
9	29	176	142·0	137	29	1,209	116	1,491
10	4	138	89·8	249	33	885	340	1,507
County	85	1,340	905·8	1,948	373	9,087	2,388	13,796

Mental Deficiency

Table 36

Ascertainment

Particulars of cases reported during 1958.	Males.	Females.	Total.
(*a*) Cases at 31st December ascertained to be defectives "subject to be dealt with":—			
Action taken on reports by:—			
(i) Local education authorities on children:—			
While at school or liable to attend school ..	37	27	64
On leaving special schools	25	20	45
On leaving ordinary schools..	1	3	4
(ii) Police or by courts	—	—	—
(iii) Other sources	33	43	76
(*b*) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground	67	75	142
(*c*) Cases reported but not confirmed as defectives by 31st December and thus excluded from (*a*) or (*b*)	43	14	57
(*d*) Cases reported in which action was incomplete at 31st December, 1958, and are thus excluded from (*a*) or (*b*)	16	9	25
Total number of cases reported during the year..	222	191	413

Table 37

Disposal of Cases Reported During 1958

Disposal of cases.	Males.	Females.	Total.
(*a*) Of the cases ascertained to be defectives "subject to to dealt with":—			
(i) Placed under statutory supervision	74	76	150
(ii) Placed under guardianship	—	—	—
(iii) Taken to "places of safety"	—	—	—
(iv) Admitted to hospitals	18	11	29
(*b*) Of the cases not ascertained to be defectives "subject to be dealt with":—			
(i) Placed under voluntary supervision	17	12	29
(ii) Action unnecessary	50	63	113
(*c*) Cases reported at (*a*) or (*b*) above who removed from the area, or died before disposal was arranged ..	4	6	10
Total	163	168	331

Table 38

Particulars of Mental Defectives on Registers at 31st December, 1958

Mental Defectives.	Males.	Females.	Total.
(*a*) Number of ascertained mental defectives found to be "subject to be dealt with":—			
(i) Under statutory supervision:—			
Under 16 years of age	314	261	575
Age 16 years and over	678	690	1,368
(ii) Under guardianship:—			
Under 16 years of age	24	17	41
Age 16 years and over	90	71	161
(iii) In places of safety:—			
Under 16 years of age	—	—	—
Age 16 years and over	—	—	—
(iv) In hospitals:—			
Under 16 years of age	298	184	482
Age 16 years and over	1,232	1,105	2,337
(*b*) Number of cases not ascertained to be defectives "subject to be dealt with," under voluntary supervision:—			
Under 16 years of age	6	2	8
Age 16 years and over	286	261	547
Total	2,928	2,591	5,519

Table 39

Guardianship

Cases admitted to guardianship orders:—	
By petition or varying orders	12
By Order of the Court	—
Total	12
Cases transferred:—	
From one guardian to another	20
From guardianship to institution	17
Total	37
Cases discharged from guardianship orders:—	
By operation of law	14
By authority of the Board of Control	33
By parent's request (Sect. 3 order)	—
By authority of the Middlesex Visitors	—
Total	47
Leaves of absence granted	63
Orders reconsidered and confirmed	41
Cases transferred to Lunacy Act	—
Deaths	

Table 40

Institutional Care, 1958

Cases admitted to hospitals	164*
Cases in hospitals on 31st December, 1958	2,819
Detention orders obtained (Section 6)	10
Cases detained by court order (Section 8)	9
Cases detained by Home Office order (Section 9)	2
Cases admitted under Section 3 orders	2
Cases informally admitted	124
Cases admitted to approved homes	—
Cases admitted to places of safety	—
Cases discharged from orders	47
Cases discharged from approved homes	—
Cases discharged from places of safety	—
Cases discharged from Section 3 order	3
Cases discharged from informal care	6
Cases transferred from one institution to another	55
Cases transferred to Lunacy Acts	2
Cases discharged from Lunacy Acts	1
Holiday leaves of absence granted	222
Revision of detention orders (home conditions reports)	384
Cases on licence as at 31st December, 1958	27†
Deaths	68
Cases admitted to regional hospital board institutions under para. 4 Ministry of Health Circular 5/52	135
Cases admitted to private homes under para. 2 Ministry of Health Circular 5/52	2

* Includes 17 cases transferred from guardianship to institution. (*See* Table 39.)
† Excludes 16 cases from other authorities.

Table 41

Work of Mental Welfare Officers and Lady Supervision Officers

Lunacy and Mental Treatment Acts.	
Visits made by mental welfare officers (duly authorised) for all divisions	15,774
Admission to designated hospitals by mental welfare officers (duly authorised)	2,085
Number of patients certified under the Lunacy Acts	1,149
Admissions to mental hospital by mental welfare officers (duly authorised) under temporary certification	368
Admissions of voluntary patients to mental hospitals assisted by mental welfare officers (duly authorised)	1,927
Mental Deficiency Acts.	
Visits to defectives under County Council's community care:—	
(i) Statutory supervision	4,213
(ii) Voluntary supervision	1,175
(iii) Guardianship	422
(iv) Miscellaneous	1,247
Visits in connection with institutional cases:—	
(i) Leave and licence	385
(ii) Section 11	525
(iii) Miscellaneous	91
Visits to defectives on behalf of other local health authorities	24
	8,082

Ambulance Service

Table 42

Analysis of How Patients were Carried

By Directly Provided Services.

(i) Accident and emergency calls	47,603	
(ii) Other removals	696,830	
		744,433

By Supplementary Services.

(i) British Red Cross—Home Ambulance and Civilian Invalid Transport	3,784	
(ii) Hospital car service	46,044	
(iii) Railways	969	
(iv) Hired cars and coaches	—	
(v) Mental cases transported by mental welfare officers	2,943	
(vi) Other Ambulance Authorities	48	
		53,788
		798,221

Mileage Analysis.

(i) By County Service vehicles	3,256,564	
(ii) British Red Cross and other Ambulance Authorities	38,216	
(iii) Hospital car service	481,095	
(iv) Hired cars	—	
(v) Mental cases transported by Mental Welfare officers	88,704	
		3,864,579

Establishment of Driver-Attendants.

Approved establishment of driver-attendants on 1st January, 1958	565
Actual strength on 1st January, 1958	537
Deficiency of	28
Approved establishment of driver-attendants on 31st December, 1958	565
Actual strength on 31st December, 1958	539
Deficiency of	26

Follow-up of Registered Blind and Partially Sighted Persons

TABLE 43

	Cause of disability.				
	Cataract.	Glaucoma.	Retrolental fibroplasia.	Myopia.	Others.
(i) Number of cases registered during the year in respect of which para. 7(*c*) of Forms B.D.8 recommends:—					
(*a*) No treatment ..	60	47	—	15	265
(*b*) Treatment (medical, surgical or optical) ..	88	36	—	16	64
(ii) Number of cases at (i) (*b*) above which on follow-up action:—					
(i) Have completed treatment ..	20	1	—	13	16
(ii) Treatment started, but not completed ..	2	28	—	1	32
(iii) Awaiting treatment	30	4	—	2	12
(iv) Refused treatment	33	1	—	—	1
(v) Died or removed from County ..	3	2	—	—	3

Ophthalmia Neonatorum

TABLE 44

(i) Total number of cases notified during the year	51
(ii) Number of cases in which:—	
(*a*) Vision lost	—
(*b*) Vision impaired	—
(*c*) Treatment continuing at end of year	1

MODIFICATIONS TO THE PROPOSALS (APPROVED BY THE MINISTER) OF THE MIDDLESEX COUNTY COUNCIL FOR CARRYING OUT THEIR DUTY UNDER SECTION 22 OF THE NATIONAL HEALTH SERVICE ACT, 1946

PART II. (4) SUPPLY OF WELFARE FOODS

Arrangements will be made for the sale of welfare foods and certain vitamin preparations at the County Council's infant welfare centres on the recommendation of the medical officers at these centres and of general practitioners conducting infant welfare clinics for their own patients.

PUBLICATIONS BY MEMBERS OF THE STAFF

DURATION OF NIGHT FEEDING IN INFANCY

by JANET R. CAMPBELL, M.B.Glasg., D.P.H.
Deputy Area Medical Officer, Area 2, Middlesex County Council

(*The following article was published in "The Lancet" in April*, 1958, *and I am indebted to the Editor for permission to reproduce it here.*)

The length of time that an infant on "demand feeding" requires to be fed at night is an important issue to the mother longing for an undisturbed night's rest.

In an attempt to answer this question the eight medical officers* in charge of infant welfare centres in Area 2 of Middlesex County Council (Southgate, Wood Green, Friern Barnet and Potters Bar) recorded the birthweight, place of birth, and method and hours of feeding of every infant aged up to about six months attending their centres.

"Demand feeding" is the accepted method of infant feeding throughout the area and is encouraged by all the medical officers and health visitors at the centres. In practice this means that the babies are fed about every three or four hours, but occasionally the intervals may be either shorter or longer according to the baby's demands.

Night feeding seems to stop fairly suddenly. Typically the baby sleeps through the night two or three times one week and next week or the week after no longer demands night feeds.

The mothers say that babies who have never had a night feed have slept through the night from about 10 or 11 p.m. until about 5 or 6 a.m. from birth.

The end of night feeding was reckoned from the age at which the baby went without one feed at night and so reduced by one the number of feeds it had in twenty-four hours.

The survey showed no significant difference between bottle-fed and breast-fed babies or between those born at home and in institutions. The important factor was birthweight. The accompanying table shows the relation between birthweight and duration of night feeding:—

(1) In group A 9 per cent. and in group D 29 per cent. never had a night feed.

(2) In group A 27 per cent. and in group D 52 per cent. had ceased night feeds by the age of 4 weeks.

(3) In group A 62 per cent. and in group D 81 per cent. had ceased night feeds by the age of 2 months.

(4) In group A 91 per cent. and in group D 89 per cent. had ceased night feeds by the age of 3 months.

By the age of 3 months the birthweight had ceased to influence the issue.

I have drawn particular attention to the extreme groups A and D. It will be noted that groups B and C are entirely comparable.

I wish to thank Dr. Kenneth Soddy for his interest and help in the survey. The work was undertaken with the consent and approval of Dr. W. C. Harvey, the area medical officer, whom also I wish to thank. The Middlesex County Council takes no responsibility for any statements contained in this article.

Results of Survey

Group	Birthweight (lb.)	No. of babies.	No night feed.	None after 4 weeks.	None after 2 months.
A	Less than 6½	55	5 (9%)	15 (27%)	34 (62%)
B	6½–7	58	10 (17%)	24 (41%)	42 (72%)
C	7–8	90	24 (27%)	45 (50%)	66 (73%)
D	More than 8	63	18 (29%)	33 (52%)	51 (81%)
	Total	266	57 (22%)	117 (44%)	193 (73%)

Group	Birthweight (lb.)	No. of babies	None after 3 months.	None after 4 months.	Continued after 4 months.
A	Less than 6½	55	50 (91%)	51 (93%)	4 (7%)
B	6½–7	58	50 (86%)	54 (93%)	4 (7%)
C	7–8	90	80 (89%)	83 (92%)	7 (8%)
D	More than 8	63	56 (89%)	59 (94%)	4 (6%)
	Total	266	236 (89%)	247 (93%)	19 (7%)

* Dr. L. A. Crawford, Dr. M. C. Douglas, Dr. K. I. Kerr, Dr. N. T. O'Callaghan, Dr. E. S. Stephen, Dr. E. M. Waterhouse, Dr. J. White and Dr. J. R. Campbell.

ASTHMA IN CHILDREN

by R. Prothero, M.D., D.C.H.

Assistant Medical Officer, Area 9.

(*The following article was published in "Woman Health Officer," and I am indebted to the Editor for permission to reproduce it here.*)

It is not easy to treat asthma in childhood as each case has to be considered as a problem on its own. Lacking the clinical facilities of a hospital depart-

ment a local authority clinic has limitations but provides a centre where the child can be kept under regular supervision and the mother advised and encouraged in the management of the child. Only too often these children are taken from doctor to doctor and from one hospital to another in the search for a panacea. The local authority clinic can be a stabilising and co-ordinating focus and here an effort can be made to avoid or break the vicious circle of asthma—overprotection—anxiety—asthma.

A detailed history is of the greatest importance as any therapeutic success depends on this attention to detail. There is rarely a single cause for asthma and even in the same child the " trigger " setting off bronchospasm varies at different periods of life. It is necessary to explore patiently, stage by stage, in the search for precipitating factors. In addition to a full history of onset, previous illnesses, nature and pattern of attacks, attention must be given to family history, social conditions and the child's relations with other members of the family. In practically all cases there appears to be a constitutional factor and in some 80 per cent. there is a family history of asthma, eczema, hay fever or psychosomatic illness *e.g.* migraine or vasomotoric coryza.

In about half the children attending the clinic, asthma had started before the age of two years and the onset was usually associated with teething, acute respiratory illness, measles or pertussis. Of the children referred to the clinic on school entry 85 per cent. had well established attacks and even marked chest deformities and if frequent absence from school is to be avoided these children should be under regular supervision before reaching school age.

Asthma may be an allergic response to protein and skin tests may be used to detect sensitivity. The prick technique is used here and the result read after 10 minutes. The development of a wheal is taken to indicate sensitivity. Judging from our cases it is extremely rare to find a single food factor in children beyond the age of infancy, though parents occasionally state that attacks are more severe after eating fish, eggs, &c. An urticarial response rather than bronchospasm is usual in food sensitivity. Skin testing for food proteins has been abandoned here unless the history is very strongly suggestive.

The skin tests carried out here are for the common inhalants, (*a*) pollens, and (*b*) house dust, horse dandruff, cat scurf, dog hair, feathers, moulds, &c. The most frequent positive reaction is that to grass pollens. This reaction is not confined to children whose attacks are restricted to the May–July period and it is seen only too often in children whose attacks occur throughout the year or mainly in the winter months. In pollen sensitive children whose asthma is restricted to the pollen season desensitizing, as for hay fever, can be carried out. Increasing doses of pollen vaccine are injected during the months before the pollen season and the results are gratifying. Attempts to desensitize children giving positive reactions to other test materials have not been very successful, and in some children the sensitivity seems to change after an allergy has been lost or outgrown a different allergy may develop. In general, skin tests have not been found to be very helpful in the control of asthma and if an obvious or presumptive offending agent, *e.g.*, cat or dog is in the house its removal rather than desensitization of the child is advised.

If the patients attending our clinic are at all representative, specific allergy seems to play little part in asthma in children before the age of 7 years. In

these respiratory infection (bacterial allergy) seems to be the main trigger of asthmatic attacks. There is often a history of " teething bronchitis " and frequent upper respiratory infections developing into bronchospasm. The attacks occur throughout the year with increased frequency in the winter months. By the time junior school is reached many seem to develop some relative immunity to colds, &c., and the frequency of bronchospasm decreases. Attendance peaks at our clinic usually occur in September and after the Christmas vacation, but this is not constant. On some days everyone attending is " worse " while in contrast weeks may pass when everyone seems to be free of attacks.

The prevention of respiratory infection in infancy and early school life would do much to reduce the incidence of asthma due to bacterial sensitization. Where this type of asthma is well established, great benefit results in some cases by the use of autogenous or stock " anti-catarrh " vaccines. This empirical approach to the problem is based on the theory that by injecting regular doses of vaccine the amount of freely circulating antitoxin in the patient's blood increases and so is more capable of resisting naturally occurring infections. In practice the autogenous vaccine has given no better results than the stock vaccine. It is difficult to assess if the improvement is really due to the vaccine and not the result of the closer supervision arising from weekly visits to the clinic or the psychological stimulus of a " new treatment." To have adequate controls injections with an inert substance would have to be given.

Whatever may be the underlying cause of asthma in children certain general measures can be used in an effort to alleviate the condition. Attention should be paid to the home conditions and efforts made to secure good housing, many of these children have fickle appetites, so diet and vitamin intake should be watched. Breathing exercises, especially towards lengthening the expiratory phase, are useful and frequently a course of ultra-violet radiation during the winter months has been found helpful. Parents will raise the question of tonsils and adenoids, and here I would say that removal should not be more readily advised than in the non-allergic child. Some 40 per cent. of the children attending my clinic have had the operation but the results have been as variable as in other children. A period at an open-air school, day or residential, can be tried. A day school may be suitable for the debilitated child, but the regular unemotional routine of a residential school is needed for badly housed and for mismanaged children.

The psychological aspects of the management of an asthmatic child are important. It is easy to understand how a child, with recurrent attacks of dyspnoea, becomes the centre of parental worry and anxiety. The child becomes smothered in apprehension and, even when he is well, frustrated by the restriction placed on him lest his activities should produce an attack. It is certain that in an allergic child a conflict situation at home or school can result in broncho-spasm. We find attacks worsened or initiated by a new baby in the family, onset of schooling, change of teacher, failure in examination, death of parent or other trouble at home. Not infrequently after a period of quiescence, attacks may flare up again at puberty. Again sometimes when the child's asthma attacks subside the parents complain of aggression, disobedience, &c., and especially if they are insecure or emotionally unstable themselves, are

hard to convice that such may be a natural and healthy reaction by the child. An asthmatic child cannot be dealt with apart from the parents, and only too often the response of the child is the measure of success in management of the parents.

These observations are based on experience derived from the running of a weekly " asthma clinic " for several years. To unravel the mixture of allergic, infective and emotional factors in an effort to prevent chronic invalidism can be fascinating and rewarding work.